The BULLETIN

American Society of Hospital Pharmacists

NEWER ANESTHETIC AGENTS
and allied drugs

1952 MEETING—THE DECENNIAL
ASHP convention at Philadelphia

PROCEEDINGS OF THE ASHP
reports, affiliates, officers

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for hospital pharmacies

DISPERSING AND SUSPENDING AGENTS
a review

℞ VOLUME 9 NUMBER 5 SEPT-OCT 1952

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The BULLETIN
American Society of Hospital Pharmacists

MEMBERSHIP in the American Society of Hospital Pharmacists and the American Pharmaceutical Association is open to all practicing Hospital Pharmacists. With membership is included subscriptions to THE BULLETIN of the American Society of Hospital Pharmacists and to the two *Journals* of the American Pharmaceutical Association, as well as the several services of both organizations.

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IN THIS ISSUE

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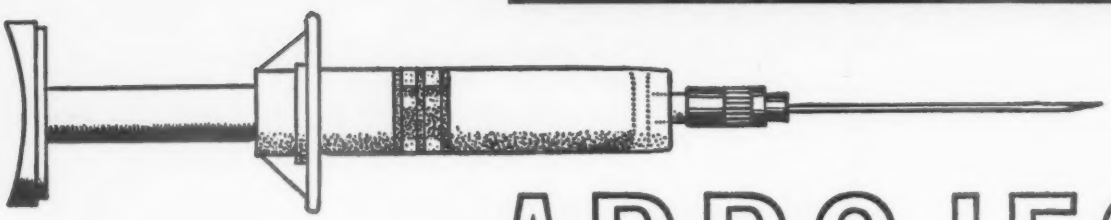

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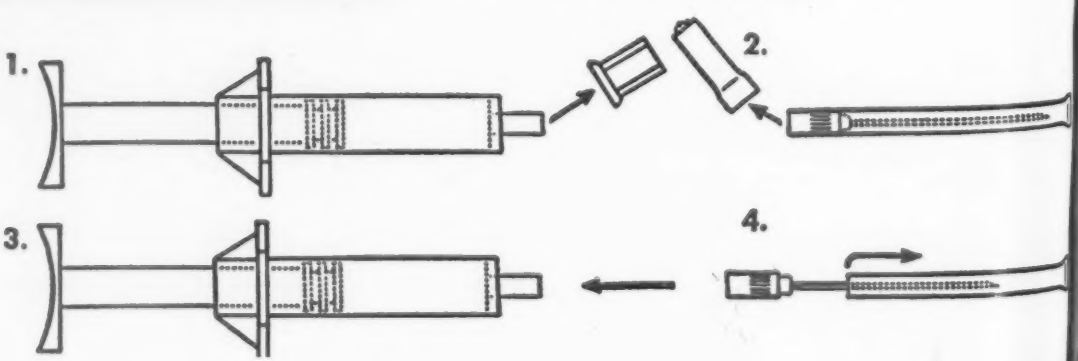

LETTERS

The Decennial—In Retrospect

From the A. H. A.

DEAR SIRS: It was a real pleasure to bring greetings to the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS on Friday morning and to attend the banquet on Friday night at the Bellevue-Stratford Hotel.

My congratulations on the splendid success of your meeting. May the next ten years be as successful.

MALCOLM T. MACEACHERN, M.D., C.M., *director of professional relations*
American Hospital Association
Chicago, Ill.

From the C. H. A.

DEAR SIRS: I want to thank you for the many courtesies extended to me at the recent meeting in Philadelphia. I appreciated this very much and it added not a little to my own personal enjoyment of your meeting. My high regard for pharmacists is considerably higher than before your meeting.

If I can be of any assistance to you at all in your work or in the work of the SOCIETY, please let me know.

M. R. KNEIFL, *executive secretary*
The Catholic Hospital Association
St. Louis, Mo.

ASHP Members Write

DEAR SIRS: After seeing the SOCIETY in action last week throughout the entire Centennial meeting of the A.Ph.A. and more specifically at the Decennial meeting of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS, I cannot help but feel justly proud of being a member of such an active, progressive and far-sighted group as ours.

Congratulations are due to all of the officers and assistants who have undoubtedly given much of their time and energy in making the Decennial meeting such a success.

CLAUDE U. PAOLONI, *chief pharmacist*
Sidney Hillman Medical Center
Philadelphia 3, Pa.

DEAR SIRS: My copy of the current issue of THE BULLETIN has just been forwarded from my previous address and after having read it, I wish to express my appreciation of a job well done. Both in content and typography, the Decennial Issue is outstanding and is a worthy memento of the first ten years of the SOCIETY.

MORTON SLAVIN, *chief*
Pharmacy Service
Veterans Administration Hospital
East Orange, New Jersey

From the P. H. S.

DEAR SIRS: I have just had an opportunity to review the Decennial Issue of THE BULLETIN; it is superb. Although many of the activities of the SOCIETY cannot be set forth in black and white, this issue of THE BULLETIN presents the tangible aspects in a manner as to make it valuable to students and historians as well as your own members.

All of us in the health field share in your pride for the stature attained by the SOCIETY as a result of professional contributions of its members. . . .

Congratulations.

J. R. MCGIBONY, *medical director*
Chief, Division of Medical and Hospital Resources
Public Health Service
Washington, D. C.

Contributes to Decennial Fund

DEAR SIRS: Enclosed you will find a check which is a contribution to the Decennial Fund from the individual members of the Georgia Society of Hospital Pharmacists. We of the Georgia group are glad to make a contribution to this worthy cause which we believe will benefit hospital pharmacists. . . .

TERRY B. NICHOLS, *secretary*
Georgia Society of Hospital Pharmacists
V.A. Domiciliary
Thomasville, Ga.

Institute Profitable

DEAR SIRS: . . . Please accept my thanks for a most interesting and profitable hospital pharmacy institute.

ARTHUR SUMLINER, *pharmacist*
Camarillo State Hospital
Camarillo, Calif.

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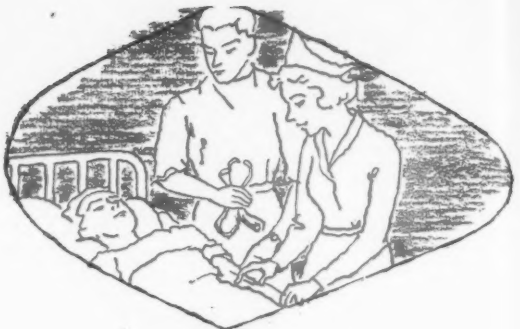

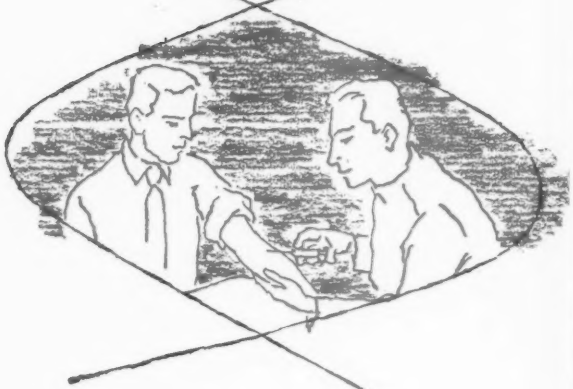

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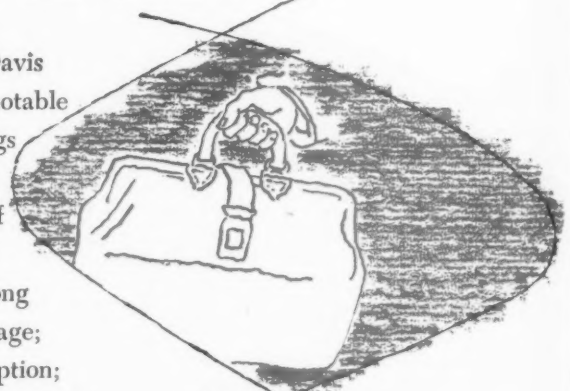

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EDITORIAL

ASHP Decennial Meeting

by DON E. FRANCKE

Those who attended the ASHP Decennial Meeting in Philadelphia will remember it as one of the highlights of a week filled with great events. It was indeed a fitting culmination to a year of planning and hard work by many. The leadership of Walter Frazier, whose proposal of a special Decennial Fund to which several of you contributed, helped make this an outstanding year for hospital pharmacy.

The participation of our overseas guests, Herbert Grainger of Great Britain and Kurt Steiger of Switzerland, lent a special tone to our Decennial Meeting. From them we learned of some of the special problems of hospital pharmacy in European countries, but at the same time, we recognized that our problems here closely parallel theirs in principle. However, more than that, the ASHP by its invitation to our foreign colleagues expressed a far more important principle. The hospital pharmacists of America demonstrated that they are not devoid of spiritual values. By showing an interest in their colleagues from other lands, by asking their representatives to come and share our celebration, by receiving them with openhearted welcome, we have demonstrated that as one of the professional societies of America we are interested in expanding our frontiers of fellowship and in lending a hand, in at least a small way, to our colleagues who are striving so valiantly to broaden the horizons of democracy among the peoples of the world. We are sure that the SOCIETY's message of goodwill will be carried by our friends to the First International Congress of Hospital Pharmacists in Basle this September as well as to the International Pharmaceutical Federation meeting in Paris next year.

By this time each of you has received the Decennial Issue of THE BULLETIN containing the History, *Ten Years of the American Society of Hospital Pharmacists*. This record of the advancement of hospital pharmacy within the past decade stands on its own merits. But the will to make it possible was Gloria Niemeyer's, whose persevering enthusiasm and energy for hospital pharmacy is a source of joy and admiration to all who know her. With the assistance of those in the American Institute for the History of Pharmacy—Alex Berman, Dr. George Urdang, and Dr. Glenn Sonnedecker, a splendid contribution to the literature of pharmacy has been made. But to you who read this, I would also say that you—by your professional pride, your implicit faith in the SOCIETY, and your continued support, have been the firm foundation of the ASHP in its ten years of progress, and you are the ones who made the written record a reality.

Those who attended our Decennial were impressed by the high quality of papers presented. Allen Beck and his Program Committee are to be commended for an exceptional job. However, cooperation was the keynote at this meeting. The Philadelphia Hospital Pharmacists Association sponsored the traditional ASHP breakfast, furnished music for the banquet, reserved an ASHP headquarters suite, and provided a local committee who were helpful in a hundred ways during the meeting. Evlyn Gray Scott and her committee worked throughout the week on banquet arrangements and other projects.

The Decennial Banquet, set against a background of flowers and music, was an inspiration to the approximately three hundred in attendance. All of the SOCIETY's past presidents and most of the other past and present officers were assembled, together with several foreign visitors and members of the A.Ph.A. Council, officers of the National Association of Boards of Pharmacy, the American Association of Colleges of Pharmacy, the American College of Apothecaries, the Conference of State Association Secretaries, and many other distinguished guests.

The Banquet had many highlights: the presentation of Honorary Membership Certificates to Harvey Whitney and Edward Spease; an award of a certificate of Membership for Life to Don Francke; the surprise gift of a diamond studded watch to Gloria Niemeyer; the gift of a beautiful clock from the Philadelphia Association to the ASHP; and the grand entrance of the SOCIETY's gaily lighted birthday cake to the accompaniment of joyful music and singing. All of these set the stage for Dr. George Urdang who, as the speaker of the evening, maintained the theme of celebration with an inspirational speech in which he lauded the SOCIETY for its achievements during the past decade. It was a wonderful evening. Congratulations are due to the SOCIETY's officers and committees as well as to the many others who made this Decennial program an outstanding event.

NEWER Anesthetic AGENTS

and allied drugs

by H. J. SHIELDS, M.D.

THE PRACTICE AND ART of anesthesia have never been static. History shows that since the introduction of this science just a little over a century ago, the efforts of researchers both clinical and experimental have been responsible for the introduction of new and sometimes revolutionary changes into everyday practice. Until the turn of this century, progress was in truth relatively slow but the gradual accumulation of knowledge of physiological processes and the increasing demands upon the specialty occasioned by the everwidening fields of surgical endeavor have brought about profound changes in anesthetic procedures. Surgical interventions existing formerly only in the minds of surgeons and internists are now everyday practice. Relatively recent advances in anesthesia have rendered these operations possible. The past decade or two has seen greater contributions to this field than in any other similar period in the history of the specialty. Also in this interval, a number of substances without direct anesthetic properties have been made available as important aids in the management of the patient during the anesthesia or in the postoperative period.

Barbiturates

About twenty years ago Evipal Sodium, a barbiturate, was introduced into the field, to be followed in a year or so by Pentothal Sodium. Later, others such as Kemithal and Surital were synthesized all with somewhat similar qualities. These compounds metabolize somewhat more quickly than other barbiturates and may be used by intravenous injection in what is generally termed full anesthetic dosage. It is now known that although these short-acting barbiturates leave the blood stream rapidly, they are prone to accumulate in other body tissues, particularly fats, and therefore lead to accumulation when repeated injections are made. If we consider anesthesia as implying a state in which consciousness is lost, afferent paths are blocked, normal muscle tone and the rigidity consequent to surgical stimulation are abolished, then these barbiturates are not true anesthetic agents. Their main action is confined to the brain and the brain stem, with minor action only on the spinal cord centers. Reflexes due to surgical stimulation are by no means completely obtunded in the dosage which may be safely used. For these reasons Pentothal and similar agents invariably should be supplemented by one of the inhalation anesthetics in order to complete the anesthesia.

Barbiturates markedly depress both cardiac and respiratory functions and are unsuitable therefore in certain circumstances. Patients with cardiovascular disturbances, or in respiratory distress from any cause, tolerate intravenous barbiturate anesthesia poorly. Those in surgical shock or suffering from blood loss or a constitutional anemia lie in the same category. As these drugs, unlike the inhalation anesthetics, must be broken down in

H. J. SHEILDS, M. D. is in the Department of Anesthesiology, University of Toronto, Toronto, Ontario, Canada. Presented at the Institute on Hospital Pharmacy, Toronto, June 23-27, 1952.

the body and the degradation products excreted, they must be used cautiously in the aged whose metabolic activities are impaired and in the subjects with liver or kidney damage, organs directly concerned with their elimination. On the other hand, they provide the best means at our disposal of inducing unconsciousness and are extremely useful in establishing basal anesthesia upon which narcosis with inhalation anesthetics may be built. Over-enthusiastic use of these compounds in the early days brought some discredit to the method but as knowledge of their effects on various body processes increases, intravenous barbiturate anesthesia is gradually assuming its proper place in the anesthetic world. Their introduction has had a revolutionary effect on anesthetic practices. It is to be hoped that a short acting barbiturate may yet be found which will be rapidly destroyed, with no accumulation of the agent itself or any of its degredation products in any body organ or tissue.

Trichlorethylene

An inhalation anesthetic achieving some well deserved popularity in the past decade is trichlorethylene. Chemically it is ethylene ($CH_2=CH_2$) with three atoms of hydrogen replaced by chlorine resulting in a formula of $CHCl=CCl_2$. It is liquid at ordinary pressures and temperatures possessing a high boiling point and in consequence low volatility. It resembles chloroform in its action as well as in its physical qualities, although cardiac syncope due to direct cardiac muscle weakening is much less likely to occur than with that anesthetic. Relaxation of the skeletal musculature is poor, making it unsuitable for abdominal surgery and in most major orthopedic manipulations. It possesses excellent analgesic properties, however, and it is this attribute that is contributing mostly to its present popularity. In the first stage of labor, trichlorethylene, self administered with air, affords relief from pain and may be carried on for periods up to two or three hours before cumulative effects appear. Its greatest usefulness appears to be as a supplementing agent for nitrous oxide. Normal delivery, generally difficult with nitrous oxide alone, is easily managed when this weak anesthetic is fortified by the addition of trichlorethylene. This combination is less depressant to the infant than most other anesthetics. For the

dental surgeon faced with a difficult subject, this combination is particularly helpful. Patients recover quickly, absence of nausea being the rule. Minor orthopedic measures may be satisfactorily managed in this fashion. In any of these circumstances the percentages of trichlorethylene in the anesthetic mixture need rarely be sufficiently great to produce the well known cardio-respiratory effects—tachycardia and tachypnea—commonly encountered when this agent is pushed. Its vapor being non-inflammable, cautery equipment may be used in its presence. Trichlorethylene is marketed under various trade names and being somewhat unstable when exposed to light and air, well stoppered containers excluding light are necessary. These should not be exposed to high temperatures. A few fatalities have been reported but statistical records appearing in Great Britain where this anesthetic has been widely used, appear to prove that when administered with care in its proper application it may be considered safe.

Curare

Introduction of curare into the anesthetic field just ten years ago has brought remarkable changes into the every day practice of anesthesiology. This substance, as is the case with the numerous other muscle relaxants, mostly synthetic, is not an anesthetic in any sense of the word. The action of curare is peripheral, muscle paralysis being due to a disturbance of the acetylcholine—cholinesterase balance at the muscle end plate. Though curare has other systemic effects, these are seldom apparent when careful administration has been observed.

The value of curare in anesthesia lies in the circumstance that, with its use, good operative conditions for major surgical measures may be obtained in conjunction with but moderate levels of anesthesia with inhalation agents. As anesthetists, we believe that general anesthesia carried to the deep levels required for many surgical procedures results in undesirable and possibly irreversible effects on many body organs and functions. Cardiovascular, renal and liver processes are deranged. Surgical shock of varying degrees ensues when deep anesthesia must be maintained for lengthy periods of time. On the other hand, anesthesia at moderate levels over equally long periods results in minimal changes only in these various functions. The relaxing agents are of particular value in patients resistant to anesthetic drugs.

Curare as it exists in nature consists of a mixture of alkaloids, the most desirable from the standpoint of anesthesia being *d*-tubocurarine. In view of the fact that the process of purification of the crude curare products involves considerable expense and effort, chemists have been prompted to undertake the preparation of synthetic compounds with curare-like action. It has long been known that the muscle effects of curare are due to the presence in its molecule of two quaternary nitrogen atoms. It has proven to be a relatively simple matter to create bisquaternary ammonium salts with two nitrogen atoms placed at various positions in the molecular chain. Of these synthetic substances possessing muscle paralyzing effects, Flaxedil and Decamethonium are the most widely used at the present.

Flaxedil

Flaxedil, though of simpler chemical construction than *d*-tubocurarine, has a muscle end plate action similar to that agent. It is about one-third as potent. The two may be used together and summate each other. Flaxedil does not block transmission at autonomic ganglionic synapses as does *d*-tubocurarine, but like that agent tends to inhibit vagal activity. A characteristic of both that may be of definite importance to the clinical worker is an ability to protect the heart from dangerous arrythmias commonly developing during anesthesia with agents such as cyclopropane and chloroform, particularly in subjects who for various reasons have excessive amounts of epinephrine circulating in their blood streams. This action appears to be due to a depressant effect on heart muscle with respect to epinephrine.

Decamethonium Bromide

Decamethonium Bromide (Syncurine), also prepared synthetically, effects neuromuscular block by a depolarizing action at the end plate region and therefore in quite a different manner from the above mentioned agents. There is little summation of effect when used in conjunction with either *d*-tubocurarine or Flaxedil, both of which raise the threshold of the end plate to acetylcholine. The action of Syncurine is more fleeting which makes it particularly useful in short operations and for endotracheal intubation. When relaxation is required for longer periods of time it seems preferable to employ a longer acting drug than to give repeated injections of Syncurine. When this latter procedure is practiced, delayed recovery of the muscle effects is commonly observed. Bronchospasm due to the liberation of histamine is believed by most observers to be of less frequent incidence than with *d*-tubocurarine and similar agents.

Mytolon Chloride

There have appeared more recently a number of other synthetic curare-like substances. Mytolon chloride is one which has been reported upon favorably although bradycardia and excessive bronchial and salivary secretions have been noticed.

This drug may be used with *d*-tubocurarine and probably has a similar action at the myoneural junction. Succinylcholine chloride (Scoline) is one of the latest to appear. It resembles Syncurine in its action although the resulting paralysis is of much shorter duration.

There is enough difference in the effects of the various muscle relaxants available at the present time to warrant some discrimination on the part of the anesthetist. Claims have been made that certain members have some selective action on skeletal musculature; and that some provide good abdominal relaxation with little intercostal muscle impairment. It is probable, however, that the degree of respiratory paralysis, existing in the presence of satisfactory abdominal relaxation will vary more with the nature of the subject anesthetized than with the relaxant employed. There is possibly a place for all those now in common use. It is also possible that chemists will yet discover others that will more closely approach the hypothetical ideal relaxing drug if by chance one such exists anywhere in nature.

Muscle Paralyzing Compounds

Introduction of the muscle paralyzing compounds has brought about profound changes in anesthetic practices. Spinal anesthesia in many centers has either been completely abandoned or its use severely restricted. Ether, with its disagreeableness and other disadvantages, appears to be rapidly meeting the same fate. On the other hand, nitrous oxide, the least toxic and in many ways the most desirable of anesthetics, has found new usefulness and is replacing to a considerable extent the more dangerous though still often useful cyclopropane. The combination of an intravenous barbiturate, a relaxing drug, and nitrous oxide or cyclopropane, which anesthetics in these circumstances never need be pushed, provides excellent surgical conditions for most of the operations now being performed in the modern hospital. The complexity of such procedures undoubtedly has posed new responsibilities on the shoulders of the anesthesiologist. The relaxing agents, as has been stated, have but little selectivity as regards skeletal musculature. Surgical relaxation obtained chiefly by their offices, of necessity involves respiratory embarrassment. The anesthetists' first duty is to maintain adequate respiratory functions. Respiration may need only to be assisted with each breath. On occasion, however, intercostal and diaphragmatic paralysis will be complete, in which case artificial respiration will be required until these effects wane. Some of the criticisms now being voiced against curare technics may well be due to the failure on the part of the administrator to perform these functions in a satisfactory manner.

While the effects on motor end plates of the muscle paralyzing drugs are fortunately reversible —except possibly in subjects suffering from myasthenia gravis—the need for biological antidotes is obvious. There is no means of determining with any certainty the degree of muscular effects occasioned by a given dose to any individual, some being more susceptible than others as is the case with all medicaments. In prolonged procedures, particularly where repetitive dosage is required, some cumulation of effect is commonly evident at the termination of operation. Assisted respiration for a short time only usually suffices, since the pain stimulation as the patient recovers from the anesthetic enhances voluntary efforts on his part. Biological antidotes for some of these substances do exist. These generally have a chemical constitution related somewhat to the curare molecule. *d*-tubocurarine, Flaxedil and Mytolon Chloride are antagonized by Prostigmine. As this is a powerful cholinergic compound, atropine should be administered at the same time, preferably in the same syringe. Both are given intravenously. There is no satisfactory antidote for Decamethonium. Tensilon, a recent addition to the anticurare field is said to be more free than the above from side effects. The duration of effect of both of these agents is short so that when excessive respiratory effects are in evidence at the end of the operation, the patient must be carefully watched for the reappearance of respiratory inadequacy. These agents are not a complete substitute for manual ventilation of the lungs with oxygen.

Ganglionic Blocking Agents

Considerable interest is currently being observed on the part of surgeons and anesthetists in certain ganglionic blocking drugs when used to create vascular hypotension for the purpose of establishing relatively bloodless operative fields. Various tetraethyl ammonium salts have been investigated and, of these, hexamethonium bromide appears to be the most suitable at the moment. In certain vascular abnormalities in the brain, for example, hemorrhage is so severe and the operative field so obscured that operation becomes almost impossible. The administration of hexamethonium intravenously will effect rapid fall in blood pressure which effect, besides curtailing loss of blood, reduces intracranial pressure to a point which permits the surgeon to deal with these delicate procedures. In persons reasonably sound from a cardiovascular standpoint, which means the exclusion of most elderly patients, systolic blood pressure readings of 70 mm. of mercury may be tolerated for considerable periods of time without much danger of developing circulatory disturbances such as arterial or venous thrombosis or renal insufficiency leading

to serious anuria. Should the fall in blood pressure be more precipitous than desired, the administration of a reliable vasopressor drug will be effective generally in restoring adequate circulation. As occasion warrants, changing the posture by raising or lowering the head of the table plays an important part in maintaining blood pressure close to the desired levels. Because the reflex mechanism controlling blood pressure in the presence of hemorrhage is rendered ineffective by the autonomic blockade, blood loss sustained during operation must be replaced immediately. It is self-evident that these hypotensive agents must not be used after blood loss has occurred, such a practice being not only dangerous but defeating one of the chief purposes for which they are employed.

The use of hypotensive technics has been reported in connection with operations of a more general nature, in which considerable loss of blood is entailed. Abdomino-perineal resection of the rectum and radical mastectomy are in this category. The fenestration operation and thyroidectomy would be greatly facilitated both as regards time and blood loss if relatively bloodless fields could be safely provided.

Further trials and investigations are needed to determine the safety of establishing hypotension for the periods of time necessary for these operative procedures. The maintenance of the desired levels of systolic pressure is not a simple task, there being considerable variation from patient to patient in the response elicited by these drugs both as to degree and length of action. There is the definite danger of late complications such as thrombosis, particularly cerebral, should the hypotension become uncontrollable or persist following operation. Elderly patients and those with cardio-vascular disease are definitely unsuitable subjects for such drastic experiences. It should again be emphasized that these ganglionic blocking drugs are strictly on trial. On the other hand the competent anesthesiologist—and none other should attempt their use—is intrigued with the challenge now being presented to him of exploring this new field of endeavor. Hexamethonium is being used by internists at the present time in the treatment of hypertensive states. Their investigations show that serious complications arise on occasion in patients disabled like these from a cardiovascular standpoint.

Vasopressor Agents

Several new vasopressor agents have been introduced in the past year or two, a few of which appear to be superior in certain circumstances to the long established substances of this nature. In severe hypotensive states the usual members produce but little or only transitory effects. Noradrenaline (Levophed), a primary amine possessing exceedingly potent vasopressor properties, is effective in most instances in raising blood pressure in urgent situations. It is said to be a true vasoconstrictor without the cardiac or cerebral stimulation associated with epinephrine administration. Its action is similar to that of Neosynephrine and like it, slows the heart rate. It is effective as a counter agent to the hexamethonium compounds and has been used advantagously in shock conditions due to hemorrhage. It must be given well diluted in some intravenous vehicle and never by direct injection. Blood pressure must be recorded at frequent intervals during its administration to guard against excessive effects.

Methoxamine hydrochloride (Vasoxyl) is another longer acting vasopressor finding favor at the moment. Vasoxyl lacks the cerebral and cardiac stimulation of epinephrine and ephedrine and is perhaps more effective than noradrenaline in slowing the heart rate. It may be given in small dosage directly into the vein. Perhaps the most useful field for this drug lies in the management of the circulatory depression so often encountered in the immediate postoperative period. Given well diluted in the intravenous drip, blood pressure tends to rise in a few minutes. When the heart rate is slow, Methedrine (methamphetamine) or ephedrine are preferable to Vasoxyl.

Blood Substitutes

One of the problems constantly confronting the anesthetist is the occurence of surgical shock due to trauma and blood loss. There is of course no substitute for whole blood in these circumstances. On occasion, blood may not be available immediately due to the lack of supplies and the time required for blood grouping and matching. At other times a substitute for blood may meet the requirements of the case, and so spare the blood bank. Saline and dextrose solutions have been employed for many years. Certain other substitutes are now on the market which are preferable to these in some instances. Dextran, a water soluble polysaccharide prepared by the bacterial fermentation of sugar, is now available. It is a substance of merit although occasional complications have been noted. Another preparation used extensively by the Germans in the last war and now prepared in Great Britain under the name of Plasmosan is now available in America. It is a polyvinyl alcohol derivative with a large molecule and so remaining in the circulation considerably longer than salt or dextrose. Prepared synthetically, it forms stable solutions.

When intravenous therapy is not feasible because of the lack of suitable veins, the absorption of saline solution administered interstitially is

materially expedited by the use of a product known as hyaluronidase. This substance is an enzyme which deteriorates rapidly so must be added to the solution immediately before use. Applied in this fashion to infants the exposure of a vein surgically becomes unnecessary.

Local Anesthetics

A number of local anesthetic agents have made their appearance in the past few years but none as yet has gained much popularity. Xylocaine is one which has considerable merit. While somewhat more toxic than procaine, it is effective in lesser concentrations and has a more prolonged action. It has topical anesthetic properties. It is useful in patients showing procaine sensitivity. Procaine, however, remains the most useful of the local anesthetics for infiltration and block anesthesia. No local anesthetic agent has replaced procaine for intravenous therapy. This procedure is useful in the management of severe burns and in various forms of chronic arthritis. Concentrations recommended are 0.05 and 0.1 percent in normal saline. Such application for the control of postoperative pain has proven to be disappointing, but in elderly subjects or others in whom it is desirable that morphine be withheld, postoperative pain is reasonably well controlled.

Intravenous Alcohol

In the past year or two the intravenous administration of ethyl alcohol has been reintroduced into modern practices. Given in five percent concentrations varying degrees of analgesia result. The obstetrical patient acquires a feeling not only of well-being, but also definite, though generally not total, relief from pain during the early stages of labor. The patient undergoing conduction anesthesia may be kept in a state of somnolence throughout the procedure. Alcohol has been used as a substitute for Pentothal Sodium during general anesthesia in adult patients. In the postoperative period when the intake of food is restricted, the intravenous infusion of alcohol, particularly when combined with carbohydrate and protein substances such as amino acids, may maintain nutrition within normal limits. Patients must be watched carefully throughout these administrations for signs of inebriation including vomiting, tolerance to alcohol varying considerably from patient to patient.

Postoperative Nausea

A cross that the anesthetist seems destined to bear is the nausea and vomiting commonly developing in his patient in the early postoperative period. Regardless of the origin of this disturbance the blame is usually laid at his door. Vomiting is an unpleasant experience at all times and is particularly painful in the presence of a fresh abdominal wound. Gravol and Dramamine, substances with highly complex chemical formulas, designed for treatment of air and sea sickness and other vestibular disturbances, when taken orally prior to operation alleviate, although they do not completely eliminate, this complication. An intravenous preparation has just appeared. These drugs are useful in the management of the large class of patients prone to become nauseated postoperatively regardless of the nature of their anesthetic and the skill with which it has been administered.

Conclusion

The ideal anesthetic, one suitable for all ages, all operations and in all pathological states has not been found. It is improbable that such a substance exists anywhere in nature. It seems certain that anesthetists will of necessity be obliged to choose an agent, singly or in combination with others and some particular method that is best fitted to meet the given circumstances. The past decade, nevertheless, has shown remarkable developments in anesthetic technics. Ether is still the anesthetic of choice in some circumstances in the hands of experienced administrators. It still remains the most suitable for the occasional anesthetist. The obvious disadvantages of ether—its toxicity, its inflammability and its disagreeableness—have prompted experienced persons to explore the possibilities of other methods and it is in this direction that the new compounds mentioned above have played such important roles. The procedure finding favor among professional anesthetists is one in which a combination of agents is employed, each with a special purpose and each presented in amounts unlikely in themselves to institute more than minimal changes in the various body functions. New knowledge relative to both physiological principles and the effects of anesthetic and allied drugs on the body, together with these new weapons which have been placed in our hands, has added materially to the complexity of anesthetic technics and so to the responsibilities of this member of the surgical team. As the complexity grows so will the necessity of possessing greater knowledge and skill on his part be apparent. The great need facing the specialty at the present time is for trained medical personnel in ever greater numbers. These are the ones who will be qualified to take advantage of the new developments that lie in the future. It is the man and not the method that is of first importance.

HIGHLIGHTS AT PHILADELPHIA MEETING

ABOVE: *The Decennial Banquet when 270 ASHP members and guests paid tribute to those who have served the Society during the past decade. Dr. George Urdang is the speaker.*

ABOVE: *Retiring President Walter Frazier presents the gavel to Grover C. Bowles.*

ABOVE: *The ASHP Birthday Cake. Seated is Mrs. Laura Whelply, wife of the 1902 president of the American Pharmaceutical Association.*

BELOW: *Mr. M. R. Kneifl, executive secretary of the Catholic Hospital Association officially transmits the Proposed Point-Rating Plan to the ASHP. Left to Right: M. R. Kneifl, Sister Mary Berenice, Walter Frazier, Gloria Niemeyer and Grover C. Bowles.*

1952 MEETING

The Decennial

American Society of Hospital Pharmacists Convention at Philadelphia, August 21-22

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

HOSPITAL pharmacists from all parts of the United States and from Canada and Europe joined the American Pharmaceutical Association in commemorating its Centennial during the week of August 17. Meeting in Philadelphia, the city where the A.Ph.A. was founded, pharmacists from throughout the states and representing various specialties in pharmacy practice participated. In addition, 22 foreign countries were represented and these delegates took part in the Ceremonial Session held on Wednesday afternoon. Also represented at this event were delegates from the various domestic organizations and affiliated groups. President of the ASHP, Walter Frazier, presented to the parent organization a special bound copy of the Decennial Issue of THE BULLETIN including the History of the SOCIETY and inscribed with appropriate greetings to the American Pharmaceutical Association.

Later in the week, members of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS celebrated the Decennial of their own organization which had become an affiliate of the A.Ph.A. on August 21, 1942. Special features during the two-day program included the presence of the two foreign visitors who were brought to this country by the SOCIETY, publication of the history, greetings from the various allied organizations at the special session on Friday morning, presentation of many outstanding papers and the Decennial Banquet on Friday night.

Special Guests

Highlighting the meeting was the presence of the two foreign guests, Mr. Herbert Grainger of Westminster Hospital in London and Dr. Kurt Steiger of the Kantons-Apotheke in Zurich, Switzerland. Both presented papers covering hospital pharmacy practice in their respective countries and actively participated in exchanging ideas with hospital pharmacists in this country. Also taking part in the ASHP meetings was Colonel Borje Alm of the Medical Board of the Swedish Defense Forces, Bureau of Pharmacy of the Swedish Public Health Department. Throughout the week frequent informal discussions were enjoyed by ASHP members with our friends from abroad. In addition to these foreign guests, representatives of various pharmaceutical and hospital organizations were present during the two-day meeting. Also attending the Decennial Meeting were all the past presidents of the ASHP and the first secretary, Miss Hazel Landeen.

Decennial Events

Bringing greetings to the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS at the Friday morning session devoted to special events were Dr. Robert P. Fischelis representing the A.Ph.A.; Dr. Malcolm MacEachern of the American Hospital Association; Sister Mary Berenice of the Catholic Hospital Association; and Miss Irene Olynyk, secretary of the Canadian Society of Hospital Pharmacists. Each commended the SOCIETY on the accomplishments in hospital pharmacy practice during the past decade and special recognition was given to the SOCIETY'S role in establishing the *Minimum Standard for Pharmacies in Hospitals*. Recognition by the representatives of the allied groups of the SOCIETY'S growth in membership, its varied activities and its publication was apparent throughout the meeting.

Also during this special session, Dr. Austin Smith of the American Medical Association spoke on "The Effect of Modern Drug Therapy on Life," emphasizing the role of the hospital pharma-

cist in handling new preparations and the changes in therapy which have come about in recent years.

Climaxing the meetings was the tenth anniversary dinner on Friday night which was attended by approximately 270 members and guests. Dr. George Urdang, director of the American Institute of the History of Pharmacy presented the principal address reviewing briefly the history of hospital pharmacy practice and the role of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS since inception ten years ago. Publication of *Ten Years of the American Society of Hospital Pharmacists* in the July-August issue of THE BULLETIN offered a background for reviewing important events during this first decade. This issue was distributed to all pharmacists attending the convention.

In addition to the special guests already named, the SOCIETY was honored to have present at the banquet Mr. Hugh N. Linstead, secretary of the Pharmaceutical Society of Great Britain and a member of the British Parliament; and Mr. W. John Tristram of the Pharmaceutical Society of Great Britain; Dr. Robert Cadmus and Dr. Charles Letourneau of the A.H.A.; as well as members of the A.Ph.A. council and representatives of the various pharmaceutical and hospital organizations.

Tribute Paid to Leaders

President Walter Frazier presided at the banquet during which time he paid special tribute to the past presidents and other officers. Another highlight of this Decennial meeting was presentation of Honorary Membership Certificates to the only two SOCIETY members holding this membership status—Harvey A.K. Whitney and Dean Edward Spease. Although this honor was conferred on both of these leaders at the Pittsburgh meeting in 1946, this time was chosen to renew this recognition and to present each with an Honorary Membership Certificate.

In presenting the certificate to Mr. Whitney, President Frazier praised him for the high ideals upon which the SOCIETY had been founded, and in response, the recipient paid tribute to the spirit shown by the leaders and members of the ASHP through its ten years and gave special recognition to the Sister pharmacists who have played an important role in the progress of the SOCIETY.

Although Dean Edward Spease was not present for the occasion, the spirit of his work on the first Minimum Standard was mentioned often as one of the milestones in hospital pharmacy progress in the United States. In the true spirit of the occasion, President Frazier presented the certificate to Mrs. Evlyn Gray Scott—a friend and follower of Dean Spease's—who will present it to him in person.

Another leader honored on this occasion was the second chairman of the SOCIETY and one who

From England

The President and Members of the Council of the Guild of Public Pharmacists send, on behalf of the Hospital Pharmacists in Great Britain, cordial greetings and good wishes to their colleagues in American hospitals.

It is hoped that this greeting may be the forerunner of closer contact with, and co-operation between the hospital pharmacists of the two countries.

In entrusting this message to Mr. Herbert Grainger we know that he will convey more fully than this formal letter our feelings towards our fellow pharmacists in the U.S.A.

On behalf of the President and Council of the Guild of Public Pharmacists, England.

JOHN MOORE

From Canada

. . . I bring neighborly greetings from your friends north of the longest undefended boundary in the world—the Canadian Society of Hospital Pharmacists. I bring tribute to the builders of your Society who showed acumen and foresight and had the "stuff" whereof pioneers are made. . .

. . . There is another very commendable characteristic of the members of the American Society of Hospital Pharmacists —this is the spirit of cooperation and assistance. . . . In no professional group or even in a branch of our own profession does one see exhibited such an excellent example of doing unto others. With these ideals, plus selfsacrifice in time, effort and even cash, how can one help but forge ahead, as witness the progress your Society has made.

IRENE OLYNYK

From Switzerland

I want to thank you and all the officers of the American Society of Hospital Pharmacists for the wonderful invitation you have sent we. I have had a wonderful time and the hospitality of the American hospital pharmacists is really the finest I have even known.

I have the great honor to bring to you for this Decennial Celebration, the greetings of Gesellschaft Schweizeri s c h e r Amtsund Spitalapotheker and the best wishes for the further development and the continuation of the splendid work you have done in this past ten years. I hope you will accept as a sign to show you how much we appreciate your various activities this history of Kantons Hospital in Zurich.

DR. KURT STEIGER

The Decennial Banquet—At the Speaker's Table: SEATED: *Mrs. I. Thomas Reamer, John Zugich, Mrs. John Zugich, Don Francke, Mrs. George Urdang, Dr. Urdang, Walter Frazier, Mrs. Walter Frazier, Harvey A.K. Whitney, Mrs. Harvey Whitney, Hans Hansen.* STANDING: *I. Thomas Reamer, J. R. Cathcart, Mrs. J. R. Cathcart, Grover C. Bowles, Mrs. Grover C. Bowles, Hazel Landeen, W. Arthur Purdum, Mrs. W. Arthur Purdum, Mrs. Herbert Flack, Herbert Flack.*

has served all Pharmacy. On honoring Dr. Don E. Francke, President Frazier read the following citation which gives recognition to one who has been responsible for much in the progress of the ASHP:

On the occasion of the Decennial Celebration of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS and the Centennial of the American Pharmaceutical Association, we, as pharmacists, can enjoy great professional pride. As hospital pharmacists, we can take further pride in the SOCIETY'S membership from every one of the 154 charter members to the latest of the roster of 2,001.

Today the SOCIETY gives special recognition to one of its own members—honoring him for his accomplishments and acknowledging his service to Pharmacy and to Hospital Pharmacy.

First, we recognize him as a leader in the SOCIETY. He has served as chairman for three years and as editor of THE BULLETIN for eight years.

Second, we pay tribute to him for the role he has played in the American Pharmaceutical Association including his election to its Council as well as serving as president during the Centennial year.

Third, we recognize him for the contribution he has made to the advancement of Pharmacy abroad and the welding of pharmacists of many nations of the world to keep pace with the continued progress in all aspects of international relations.

Above all, we honor him for his unselfish devotion to the profession because he has given of his time and energy beyond the call of duty.

In recognition of all of these qualities, it is the desire of the SOCIETY to make him an Active Member of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS for Life. This certificate is but a symbol of our esteem, and each year's membership card from the SOCIETY, without payment of dues, will go to him as a reminder of this occasion.

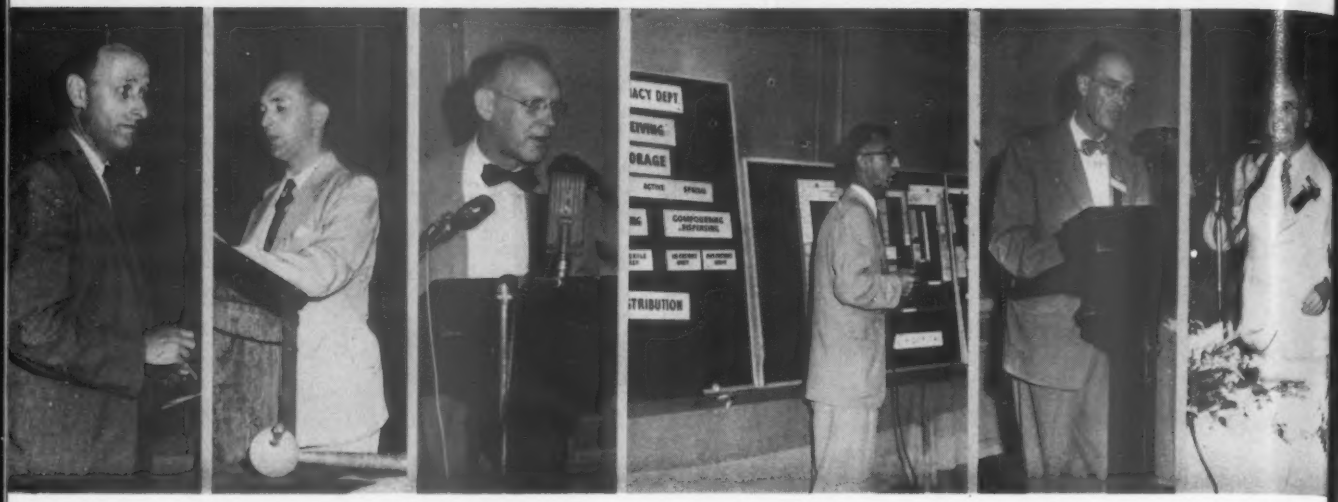
We present to Dr. Don Francke a certificate of Active Membership for Life. With it go our grateful appreciation and the best wishes of each member of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS.

Role of Philadelphia Hospital Pharmacists

Contributing much to the success of this Decennial meeting was the Philadelphia Hospital Pharmacists' Association. The Association, with a special committee headed by Mr. Benjamin Wexlar, made it possible for the SOCIETY to have a special suite at the headquarters' hotel during the week. Here hospital pharmacists gathered for special group discussions, committee meetings and a social hour.

Another highlight of the meeting was the traditional breakfast on Thursday morning sponsored by the Philadelphia group. Attended by more than 200, this informal breakfast offered an opportunity for those in attendance at the meetings to become better acquainted.

In special recognition of the SOCIETY'S ten years, President Quintus Hoch of the Philadelphia Hospital Pharmacists' Association, presented the ASHP with a clock at the banquet. On accepting the clock on behalf of the SOCIETY, the new president, Grover C. Bowles expressed appreciation for the work contributed by members of the Philadelphia group in making the meeting a success.



Kurt Steiger *Herbert Grainger* *M. R. Kneif* *Alex Milne* *J. H. Jones* *Dr. George U*

Business Sessions and Papers

The SOCIETY's annual business sessions, including the meeting of the House of Delegates, reports from the various officers, actions on recommendations and nominations of officers are reported in full in the Proceedings Section of this issue of THE BULLETIN. Of special interest are the resolutions adopted (See page 477) and the change in the By-Laws which increases dues of the ASHP to five dollars per year.

Outstanding papers were presented during the two day meeting. Of great significance to the future activities of the SOCIETY was presentation of the "Proposed Point-Rating Plan for Pharmacies" by Mr. M. R. Kneifl, executive secretary of the Catholic Hospital Association. Worked out in cooperation with the C.H.A.'s Committee on Hospital Pharmacy Practice, this represents a vast amount of basic work toward establishing a system for rating hospital pharmacies in accordance with the *Minimum Standard for Pharmacies in Hospitals*. The work done thus far was officially turned over to the ASHP for study and it is hoped that the Committee on Minimum Standards will go forward with this project during the current year.

Other papers presented covered various phases of hospital pharmacy activity and showed progress in the practical aspects of this specialty as well as organizational development. Many of the papers will be printed in forthcoming issues of THE BULLETIN and other publications.

From the A. H. A.

. . .I am sure the Minimum Standard will elevate the pharmacies to a very high degree. I am glad you are sympathetic to the point-rating system.

. . . I take to you the sincerest greetings of our organization and the sincerest wishes that your next ten years, that your next hundred and the Centennial of the American Society of Hospital Pharmacists will be as great and glorious a success as the American Pharmaceutical Association's has been. . . . As long as you serve that patient well, you are doing your duty and I am sure that we could not stand up and be so happy over our results if it were not for the good work that our pharmacists are doing in our hospitals.

MALCOLM T. MACEACHERN

From the A. Ph. *A.*

The American Pharmaceutical Association has been referred to from time to time as the umbrella spread over the various societies and organizations in American pharmacy. We try in our best way to bring to each of the organizations which constitute American pharmacy that which can be most useful to them. I think we can say that we have a very special interest in you.We have had the benefit of very close cooperation and working relations with you; in fact, we have your representatives right in our building from day to day.

But we have also tried, as a parent should, to protect you from time to time when you needed protection in your dealings with other groups,

. . . Congratulations on a well-planned and a well-executed meeting; on a wonderful publication commemorating your Decennial, and thank you for all you have done for us.

ROBERT P. FISCHELIS

From the C. H. A.

The Catholic Hospital Association is happy to join with the American Society of Hospital Pharmacists today in the observance of your first ten years. The Association grasps your hand in a genuine sense of affection on the realization of a work well done during this first decade of service for your members, for the hospitals in which they serve and for the millions of patients whom they serve. Your Society has contributed significantly to furthering hospital pharmacy services.

The final accomplishment for which the SOCIETY *deserves much credit refers to the drafting and promulgation of the Minimum Standard for Pharmacies in Hospitals. The Association joins with you in expressing the hope that these Standards may ultimately be well understood by all of your members in all hospitals. . .*

SISTER MARY BERENICE

Tenth Anniversary

OFFICIAL REPORTS

American Society of Hospital Pharmacists
Philadelphia Meeting
August 21-22, 1952

Meetings and Officers

AMERICAN SOCIETY OF HOSPITAL PHARMACISTS

	*President**	*Vice-President**	*Secretary*	*Treasurer*
1942 Denver, Colo. August 17, 1942	Organizational Meeting - Officers of Subsection Presided ASHP Officers elected to serve 1942-1943			
1942-43 Columbus, Ohio Sept. 1943	H.A.K. Whitney	Donald A. Clarke	Hazel Landeen	Sister Ludmilla
1943-44 Cleveland, Ohio Sept. 1944	Don E. Francke	Hazel Landeen	I. T. Reamer	Sister Mary John
1944-45 No meeting	Don E. Francke	Vacant	I. T. Reamer	Sister Mary John
1945-46 Pittsburgh, Pa. Aug. 1946	Don E. Francke	Anna D. Thiel	I. T. Reamer	Sister Mary John
1946-47 Milwaukee, Wis. Aug. 1947	Hans S. Hansen	Jennie Banning	Walter Frazier	Sister Gladys Robinson
1947-48 San Francisco, Calif. Aug. 9-10, 1948	John J. Zugich	Margaret Gary	Leo Godley	Sister Mary Etheldreda
1948-49 Jacksonville, Fla. Apr. 25-26, 1949	W. Arthur Purdum	Geraldine Stockert	J. R. Cathcart	Sister Jeanne Marie
1949-50 Atlantic City, N. J. May 1-2 May 1, 1950	Herbert L. Flack	W. Paul Briggs	Gloria Niemeyer	Sister M. Junilla
1950-51 Buffalo, N. . Aug. 27-28, 1951	I. T. Reamer	Grover C. Bowles	Gloria Niemeyer	Sister M. Jeanette
1951-52 Philadelphia, Pa. Aug. 21-22, 1952	Walter Frazier	Jane Rogan	Gloria Niemeyer	Sister Mary Raphael

*Chairman and Vice-Chairman from 1942 to 1947.

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*Affiliated Chapters**

AMERICAN SOCIETY OF HOSPITAL PHARMACISTS, 1952

Regional Chapters

Southeastern Society of Hospital Pharmacists

Western Pennsylvania Society of Hospital Pharmacists (Pittsburgh)

Association of Hospital Pharmacists of the Midwest (Omaha, Nebr.)

Hospital Pharmacists of the Puget Sound Area (Seattle, Wash.)

State and Local Chapters

Arizona Society of Hospital Pharmacists

Northern California Society of Hospital Pharmacists (San Francisco)

Southern California Chapter of the American Society of Hospital Pharmacists (Los Angeles)

Connecticut Society of Hospital Pharmacists

Florida Hospital Pharmacy Association

Georgia Society of Hospital Pharmacists

The Illinois Chapter of the American Society of Hospital Pharmacists (Chicago)

Indiana Society of Hospital Pharmacists

Midwest Association of Sister Pharmacists (Chicago)

Louisiana Society of Hospital Pharmacists

Maryland Association of Hospital Pharmacists

Massachusetts Society of Hospital Pharmacists

Michigan Society of Hospital Pharmacists (Detroit)

Hospital Pharmacists Association of Greater St. Louis

New Jersey Society of Hospital Pharmacists

Northwestern New York Chapter of the American Society of Hospital Pharmacists (Buffalo)

Greater New York Chapter of the American Society of Hospital Pharmacists (New York City)

Northeastern New York Chapter of the American Society of Hospital Pharmacists (Albany Area)

North Carolina Society of Hospital Pharmacists

Philadelphia Hospital Pharmacists Association

Akron Area Society of Hospital Pharmacists

Society of Hospital Pharmacists of Greater Cincinnati

Cleveland Society of Hospital Pharmacists

Ohio Society of Hospital Pharmacists

Toledo Society of Hospital Pharmacists

Memphis Chapter of the American Society of Hospital Pharmacists

Texas Society of Hospital Pharmacists

Wisconsin Socitey of Hospital Pharmacists

* For Officers See Page 502

American Society of Hospital Pharmacists

PROCEEDINGS 1951-52

1 REPORTS OF OFFICERS AND COMMITTEES

Report of the President

WALTER M. FRAZIER

Each year since the founding of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS in 1942, great progress has been made. It is one of the privileges of your president to report the activities and accomplishments of the past year on this happy occasion—our tenth anniversary.

You have just heard the reports of the other officers and committee chairmen. It is evident that excellent work and real achievements have continued to extend the usefulness of our SOCIETY, and the advancement of hospital pharmacy. On behalf of the SOCIETY'S membership, I take this opportunity to thank the other officers and the committees for their splendid performance. In order to avoid repetition, this report will not include committee activity; however, because of close association with the work of these representatives for the past year, I find it necessary to inform the membership, that the reports are entirely too modest to portray the full effort that has been expended by many individuals and groups.

Executive Committee

The Executive Committee met twice since our previous annual meeting. All members were present in Dayton, Ohio for a two-day meeting on March 1 and 2. The second meeting was held in Toronto during the Institute, with all members present except our treasurer, Sister Mary Raphael. In addition to the routine business of the SOCIETY and the direction of our activities in line with our basic objectives, the Executive Committee was charged with the responsibility of planning the events of this significant anniversary year.

History

One of the outstanding achievements of the year has been the preparation and publication of the History of the ASHP. We are deeply grateful to Miss Gloria Niemeyer for her work in the compilation of this record of action and progress of the first ten years of our organization. We express our sincere appreciation to Dr. George Urdang, director of the American Institute of the History of Pharmacy, and to his associates, Mr. Glenn Sonnedecker and Mr. Alex Berman, for their authoritative counsel and assistance, all of which was so generously contributed. We acknowledge also the contributions of others including Mr. H.A.K. Whitney, Dr. Don E. Francke, Mrs. E. G. Scott, Mr. Leo Mossman, and Miss Hazel Landeen, who supplied information and records of the early years of the organization.

Decennial Fund

We wish to thank each member and each affiliated chapter for the generous contributions to the Decennial Fund. In February the Executive Committee decided to establish the Fund as a means of financing the events of the anniversary year and publication of the History. The method of voluntary contribution seemed to be in the best ASHP tradition. In this way every member and every affiliated chapter has an opportunity to participate according to individual means and inclination. The response to this invitation is most encouraging. The desire to participate, as shown by those who make up this SOCIETY, is the real reason why we do accomplish our objectives.

We wish to announce that the Decennial Fund is still open and will be continued for several months because our goal has not been attained. Individual members and affiliated chapters who

have not already sent a gift, are invited to participate in the Decennial Program by sending a contribution to the Decennial Fund to either the treasurer or secretary of the ASHP.

Institutes

It is generally agreed that the SOCIETY conducted one of the most successful Institutes on Hospital Pharmacy this year; the eighth in a series of refresher courses which started at Ann Arbor, Michigan in 1946. It is particularly noteworthy that the 1952 Institute was held in Toronto, Ontario, Canada, and that it was sponsored jointly by the American Hospital Association, the Canadian Hospital Council, the American Pharmaceutical Association, the Canadian Society of Hospital Pharmacists and the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS The cooperative participation of all of these organizations was so genuine and the experiment so well aided by the work of our Canadian colleagues, that our first venture into the realm of international hospital pharmacy was most enjoyable while successfully serving its fundamental purpose. Again, I would like to express our thanks to our Canadian hosts, to the faculty and to all who attended and participated. It was regrettable that, although in every other aspect, the Institute was so satisfactory, it was impossible for the A.H.A. to accept all of the applications of those hospital pharmacists who wished to attend. The enrollment of 160 plus the faculty was the largest group ever accepted for one of our Institutes, and yet almost 60 applications were not accepted because there was not enough space in the meeting room or for living quarters. Quite unexpectedly, but fortunately, we were assigned to a larger meeting hall on the opening morning of the program. Otherwise we would have been seriously overcrowded with the 160 that were present. We are very sorry that this situation occurred. I know that next year and in the future the A.H.A. and the SOCIETY will do everything possible to arrange for space and accomodations for every one who wishes to attend.

Another outstanding and successful Institute for Hospital Pharmacists was conducted in Cleveland, Ohio in May of this year, by the Catholic Hospital Association. The ASHP and the A.Ph.A. were again honored to participate in this program. Dr. Don Francke, president of the A.Ph.A., Gloria Niemeyer, assistant director of the Division of Hospital Pharmacy of the A.Ph.A., and the president of the ASHP attended the meeting, along with a number of leading ASHP members who appeared on the program as members of the faculty.

Affiliations

This year the ASHP became officially associated with the American Association for the Advancement of Science. Our good friend Dean Glenn L. Jenkins has been for several years the chairman of the Subsection on Pharmacy of the A.A.A.S. Dr. George Archambault, secretary of the Subsection will be in charge of planning for the next meeting to be held in St. Louis in December. Mr. Allen V. R. Beck will serve as the SOCIETY's representative to the managing committee of the Sub-section.

We were very pleased this year to welcome the five new affiliated chapters of the ASHP. To the chapters in Memphis, Georgia, North Carolina, Indiana and Philadelphia, we extend our sincere congratulations. We are proud to include you during this anniversary year.

This week the ASHP formally extended felicitation to the American Pharmaceutical Association during the Centennial Celebration. We rejoice with the A.Ph.A. in marking 100 years of progress and achievement of the parent organization of American professional pharmacy. We wish to commend the Division of Hospital Pharmacy of the A.Ph.A. for cooperative assistance to our SOCIETY during the past year and thank Dr. Robert P. Fischelis, secretary of the A.Ph.A. and chairman of the Division's Policy Committee; Dr. Don E. Francke, president of the A.Ph.A. and director of the Division; and Miss Gloria Niemeyer, assistant director of the Division for their service to the SOCIETY through the functions of the Division.

Decennial Meeting

We are indebted to Mr. Allen V. R. Beck and his committee for arranging this unusually fine program for our Decennial meeting. We thank the members of his committee and the members of the special committee appointed to arrange for the Decennial events. These include Mrs. E. G. Scott, Miss Geraldine Stockert, Mr. Herbert Flack and Miss Gloria Niemeyer. The local committee made up of members of the Philadelphia Association of Hospital Pharmacists includes Chairman Benjamin Wexlar, Sister Mary Gentilla, Miss Thelma Connolly and Mr. Herbert Flack. To these people and all of our Philadelphia hosts and hostesses we express our sincere appreciation for the wonderful hospitality.

Bulletin and Publication of History

To Editor Don Francke and Associate Editor Gloria Niemeyer, we again give highest praise for the continued excellent standard of our official publication, THE BULLETIN. The Decennial Issue made available this week is a monument to their work and a great achievement for the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS.

International Hospital Pharmacy

This year has been important to the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS because we have established relations with our colleagues in foreign countries. In addition to the friendships made in Canada at the Institute, we have the pleasure of receiving guest hospital pharmacists from England and Switzerland at this meeting. We are most happy, indeed honored, to welcome Mr. Herbert Grainger, chief pharmacist of Westminster Hospital, London and Dr. Kurt Steiger of Zurich, Switzerland, who are visiting us and participating in our tenth anniversary program and the Centennial of the American Pharmaceutical Association.

The First International Congress of Hospital Pharmacists will be held in Basle, Switzerland, September 17-19, 1952. The ASHP delegation will include President Grover C. Bowles, Mr. I. Thomas Reamer, Mr. Claude Busick, Miss Jacqueline Claus, Mr. Herbert Flack and Miss Jean Whitmore. Our guest, Dr. Kurt Steiger is the organizer of this first International Congress on Hospital Pharmacy.

The Executive Committee strongly favored the appointment of the ASHP secretary, Miss Niemeyer as chief delegate of the SOCIETY to the International Congress. However, due to the vicissitudes of her responsibilities at A.Ph.A. headquarters, and the demands on her time during the anniversary celebrations, it was not possible for the Executive Committee to carry out its decision on the subject.

Recommendations

I would like to make a few observations and recommendations. The advancement of the SOCIETY has been due to the high ideals and enthusiasm of its members. The progress has been made by hard work, sacrifice and effective planning. The work is just well started. There is still much to be done. The next ten years will not be any easier if we want to continue to progress. New members will eventually take over the responsibilities of the founders of our organization and the work of those who have been most active so far. The principles and objectives will not change but the activities of the SOCIETY and the practice of hospital pharmacy may change a great deal in the next ten years. If the same energy and enthusiasm is applied as has been attained in

the past, unlimited accomplishment will be forthcoming. It is the responsibility of every member and every chapter to continue to carry on this work.

1. Continue the Project Committee as a means of active participation of the affiliated chapters in the national program. Encourage members to write papers suitable for publication in hospital, pharmaceutical and medical journals.

2. Continue the membership program on an *individual* basis. Seek new methods of establishing new affiliated chapters. We should plan soon to have 48 state chapters and many more local chapters. The opportunity for hospital pharmacists to meet in their own community or state and discuss local and regional problems is best accomplished in this way. The national SOCIETY will continue to represent hospital pharmacy, only if the affiliated groups remain strong and active. The ASHP will continue to serve the individual member best if a large majority actively participates by means of affiliation and cooperative effort.

3. Apply the Minimum Standards by establishing an accreditation program for hospital pharmacy practice and internships in hospital pharmacies.

4. Develop an organized program to send one speaker (preferably the president or a member of the Executive Committee) to each affiliated chapter once a year.

5. Appoint one member of the Program and Public Relations Committee to be in charge of publicity. The member should coordinate his efforts with the office of the ASHP secretary and one representative of each affiliated chapter. This information should be of professional character and directed to the public and other branches of the allied health team.

6. Plan to prepare an educational film on one or more phases of hospital pharmacy practice. This could be shown at colleges of pharmacy and at chapter meetings throughout the country.

7. Continue and increase the cooperative functions of the Division of Hospital Pharmacy of the American Pharmaceutical Association and the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS. Request a meeting of the ASHP Executive Committee and the Council of the A.Ph.A. this year.

8. Increase ASHP membership dues to five dollars beginning January 1, 1953.

9. Consider advisability of employing a full time executive secretary for the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS. Since the membership has grown to over 2,000, the work connected with the activities of our organization is greatly increased. Considering that some state pharmaceutical associations, serving a much smaller number of members than we now have, find it necessary to employ a full-time staff of two or three, it is logical that our activities will soon require an adjustment in personnel.

10. Send ASHP secretary to represent SOCIETY at more meetings and particularly to International meeting in Paris in 1953.

Now I wish to thank the membership for honoring me with the responsibilities of the presidency. It has been a pleasure to be your representative for the past year. My sincere thanks to all for cooperation and assistance. We can all be proud of the achievements of the past ten years. The future gives promise of greater accomplishment. The AMERICAN SOCIETY OF HOSPITAL PHARMACISTS will continue its advancement through the combined effort of the individual members.

Report of the Secretary

GLORIA NIEMEYER

As during the past several years, duties of the secretary of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS have been handled in the office of the Division of Hospital Pharmacy at the headquarters of the American Pharmaceutical Association in Washington. This is in accordance with the agreement between the two organizations and again I wish to report that this mutual cooperation between the A.Ph.A. and the ASHP has served both advantageously as well as contributing to the progress of the profession.

With the exception of a few special activities, the secretarial duties have been routine. Action was taken on all resolutions passed at the 1951 meeting and in accordance with the Constitution and By-Laws, ballots for election of officers were mailed from the office of the secretary to all active members of the SOCIETY. The Canvassing Committee, appointed by President Frazier, included I. Thomas Reamer, Duke Hospital, Durham, N. C.; Alex Milne, Hospital Facilities Division of the Public Health Service, Washington, D. C.; and John Gooch of the Veterans Administration, Washington, D. C. Officers duly elected for the coming year include President Grover C. Bowles, Rochester, N. Y.; Vice-President George L. Phillips, Ann Arbor, Mich.; and Treasurer Sister Mary Florentine, Columbus, Ohio. The present secretary was re-elected at the meeting of the House of Delegates.

Executive Committee

Members of the Executive Committee have been kept informed of all activities in the secretary's office and given whatever assistance requested. Much of the work this past year has been centered around plans for the Decennial Meeting and publication of the special issue of THE BULLETIN including the history to which the Executive Committee has given its full support. Other major activities have included those in connection with membership and affiliated chapters, work with the various committees and maintaining contact with the Division of Hospital Pharmacy as well as the hospital organizations.

Although much of the SOCIETY business is carried on through correspondence, two meetings of the executive committee were held during the past year and your president will report to you briefly on these. Major actions taken by the committee during this year include approval of establishment of the Decennial Fund in order to make it possible to bring the foreign visitors to the annual meeting and publication of the History; activities in connection with plans for the annual Institute; approval of the work of the Committee on Pharmacists in Government Service in acquiring credit for pharmacy experience gained in the armed forces; approval of a budget; an attempt to clarify the future work of the Committee on Minimum Standards; plans for recognizing the Centennial of the American Pharmaceutical Association; as well as work with special committees and studying the many suggestions received from the membership.

Society Finances

Although the treasurer has reported to you in detail on the present status of SOCIETY finances, as a matter of record I would like to present a brief picture of the present financial picture and what the future might bring. The SOCIETY has made almost unlimited progress in its activities along with steady increases in membership and affiliated chapters and improvement in THE BULLETIN. With all this, there has been no raise in dues. It is true that the A.Ph.A. has given support to the SOCIETY activities but on the whole, the ASHP has always handled expenses incurred directly by the SOCIETY. As is being presently discussed, the Executive Committee has favored a raise in dues to be presented for discussion at this meeting. Any additional funds will of course open the door to greater opportunity for SOCIETY activity and this is the desire of every member. However, I could not favor such unless we can feel that it will not

affect the possibility of bringing every hospital pharmacist in the country into the A.Ph.A. and the SOCIETY.

The SOCIETY operated during the past year on a budget of less than $5,000, this being based on the membership of the previous year which was approximately 1,600. This has worked out satisfactorily with the exception of added expenses incurred in connection with Decennial events which will not be covered altogether by the special Fund set up for this purpose. It was therefore decided by the Executive Committee to pay the money for the foreign visitors from the special Fund and then if the additional money in the Fund does not cover the other activities, the regular SOCIETY monies should be drawn upon. This has been done and the treasurer's report gave detailed information on this.

THE BULLETIN finances have been handled much the same as during the previous year. There has been some increase in advertising and therefore some increase in funds which have to a great extent been utilized toward improving THE BULLETIN and publication of the history. As a matter of record for the first half of 1952 (three issues) income from THE BULLETIN was approximately $3,000.00 over expenditures.

It might also be reported here that although the matter was discussed last year, no provision has yet been made to remunerate the editor for the year 1950. It was originally understood by the Executive Committee that the remuneration would go back to the time when advertising was first accepted in THE BULLETIN which was January, 1950; however, at that time, funds were not available and consequently, nothing was done. It is possible that we can handle this in the near future depending upon what the total expenses are in connection with the special issue.

When it was agreed that the History could be published in THE BULLETIN as part of a special Decennial Issue, it was further agreed that one-half of the total cost would be borne by each, the SOCIETY and THE BULLETIN. This is being handled accordingly. A more complete report on this will be available at a later date.

As in previous years, the SOCIETY has made a contribution toward THE BULLETIN of $1,500.00 This was set at this particular amount at the time so that it would be based on approximately one dollar per person but has not been clearly understood. It is recommended to the Executive Committee that in future years this amount be based on one dollar per member, this to be determined by the Report of the Committee on Membership and Organization at the annual meeting.

Publication of History

Publication of the History of the SOCIETY which has just been released during this convention is the culmination of considerable effort on the part of several members. Those who have fostered this project have been mentioned and I would only add my grateful appreciation to all who participated, from those who contributed to the Decennial Fund to those who actively assisted in the compilation. Probably first credit is due Mrs. Evlyn Gray Scott because she had the foresight to look ahead and to collect and make available the valuable information and documents. When the recommendation was made last year that a history be compiled, the Executive Committee gave its wholehearted support and also agreed to seek the help of the American Institute of the History of Pharmacy. The fact that a few individuals actually compiled the history is not significant when we know how much has been contributed by so many. I take considerable pride in the fact that the SOCIETY has carried out this project realizing of course that were it not for the enthusiasm and work expended over the years, there would not be a history to write.

A significant point which should be brought to the attention of the members of the SOCIETY is the fact that we joined with the American Institute of the History of Pharmacy and the mutual cooperation brought about a better understanding of the work and aims of each group, the result having unlimited possibilities for future projects of this type. In connection with this, I believe the SOCIETY should be giving some thought to keeping the the history up-to-date and a plan for disposition of documents and records of value. For the present, I recommend that a committee be appointed to study the problem and report back to the SOCIETY in a year.

I would also suggest that some provision be made for continuation of the history of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS. Such records prove most valuable in our day-to-day activities as well as contributing to continued progress.

Finally, I would like to express a deep appreciation to all members of the SOCIETY, each of whom has contributed toward making the secretary's job easy. This being the Decennial year, we pay special tribute to the past presidents and other officers, the committee members, those who have taken part in local chapters, and above all, the membership at large—all have contributed significantly to this advancement in hospital pharmacy.

Report of the Treasurer

SISTER MARY RAPHAEL

August 17, 1951 to August 15, 1952

BALANCE AND RECEIPTS

BALANCE		
Deposited in the First National Bank Sioux City, Iowa on September 18, 1951		$ 3,468.42
RECEIPTS		
Membership ASHP Dues	$ 5,648.00	
A.Ph.A. Dues—Transfer Payments	825.00	
Return, Refund and Transfer Checks and Contributions	10.00	6,483.00
Total Balance and Receipts		$ 9,951.42

DISBURSEMENTS AND BALANCE

DISBURSEMENTS		$ 7,295.00
BALANCE		
Deposit in the First National Bank Sioux City, Iowa on August 15, 1952	$ 3,446.34	
Deposit Late — Membership Dues	2.00	
Total	$ 3,448.34	
Less: Checks Outstanding		
No. 95 A.Ph.A. $ 40.00		
No. 96 Graphic Arts Corporation 751.92	791.92	2,656.42
Total Disbursements and Balance		$ 9,951.42

Detail of Receipts and Disbursements attached.
Audit report prepared by Cora M. Hilger, Public Accountant.

Minutes of Ninth Annual Meeting

August 21 and 22, 1952
Philadelphia, Pa.

GLORIA NIEMEYER, *Secretary*

The ninth annual meeting of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS was held at the Bellevue-Stratford Hotel in Philadelphia, Pa., on August 21 and 22, 1952, in conjunction with the Centennial Convention of the American Pharmaceutical Association. More than 150 members were in attendance.

The first session was called to order by President Walter Frazier on Thursday, August 21 at 1:10 P.M. He opened the meeting with greetings and welcomed the guests and members of the SOCIETY.

Since the minutes of the eighth annual meeting were published in THE BULLETIN along with the other annual reports, it was moved, seconded and carried that the reading be dispensed with.

President Frazier made the following committee appointments, some of which had been announced at the House of Delegates meeting on the previous Sunday:

Committee on Resolutions: W. Arthur Purdum, *chairman;* Lillian Price; and Jane Rogan.

Committee on Constitution and By-Laws: Ludwig Pesa, *chairman;* Geraldine Stockert; and Valerie Armbruster.

Committee on Nominations: Evlyn Gray Scott, *chairman;* I Thomas Reamer; and Claude Busick.

The president called for resolutions and communications. The following telegram from the Arizona Society was read by the secretary:

To every officer and member of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS we extend congratulations on its tenth anniversary and best wishes for the future success of our fine organization.

The Arizona Society of
Hospital Pharmacists

President Frazier also indicated that many messages of congratulations on the SOCIETY's tenth anniversary had been received from individuals.

W. Arthur Purdum, chairman of the Committee on Resolutions presented the following resolution for consideration at this meeting:

Whereas the costs of operation of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS have increased tremendously in recent years, and

Whereas during the ten years of the SOCIETY's existence, there has been no increase in dues, resulting in increasing difficulty in maintaining a balanced budget, therefore

Be it resolved that Chapter V, Article 2 of the By-Laws be amended to read as follows: Dues for active and associate members shall be five dollars ($5.00) per year, payable in advance.

Since this required a change in the By-Laws, it was necessary that it be introduced at the first session of the annual meeting and voted upon at the final session. The secretary raised the question as to the time when the raise in dues should become effective and ask that this be included in the resolution. It was agreed that the raise should become effective January 1, 1953 and the following was added to the resolution:

Be it further resolved that this increase in dues become effective January 1, 1953.

In connection with an increase in dues and SOCIETY finances, Mr. John Zugich asked whether the SOCIETY was operating on a budget and how this has been implemented. The president pointed out that the SOCIETY had operated on a budget which had been worked out by the Finance Committee and approved by the Executive Committee. However, this had been an unusual year financially because of the Decennial events and the money received from the Special Decennial Fund would not cover all the expenses incurred in connection with publication of the history.

The resolution concerning an increase in ASHP dues was seconded and adopted for consideration at this meeting, final approval to be voted upon at the final general session.

Under New Business, Mr. Zugich asked for clarification of the resolution passed this week by the American Pharmaceutical Association in regard to opposing filling of prescriptions in hospitals for private ambulatory patients. President Frazier asked Grover C. Bowles, a member of the A.Ph.A.'s House of Delegates and also of the Committee on Resolutions, to give the background information. He pointed out that several had opposed the resolution both in committee and on the floor of the House and indicated that it would be officially referred to the SOCIETY. Comments were also made by W. Arthur Purdum and William Benka, both members of the A.Ph.A.'s House of Delegates and it was generally agreed that the SOCIETY could take no action at this time.

Reports from the various committees and officers were presented and accepted as follows: Membership and Organization, Jane Rogan, *chairman;* Minimum Standards, Grover C. Bowles, *chairman;* Program and Public Relations, Allen V. R. Beck, *chairman;* Pharmacists in Government Service, presented by R. L. Thompson in the absence of the chairman, Charles Towne; Education, W. Arthur Purdum, *chairman;* Narcotic Regulations, Vernon O. Trygstad,; *chairman;* Disaster Preparedness, William Slabodnick, *chairman;* Special Projects, Mrs. Evlyn Gray Scott, *chairman;* Publications, Sister Mary Etheldreda, *chairman;* Report of the Treasurer, Sister Mary Raphael; and Report of the Secretary, Gloria Niemeyer.

Following the Report of the Secretary, Mrs. Evlyn Scott raised the question as to whether the Executive Committee could appropriate money from the account of THE BULLETIN for a remuneration to the editor for 1950 or if it was necessary to take action at this meeting. The secretary indicated that this could be approved by the executive committee.

No report was received from the Special Advisory Committee on the 1952 Meeting (past-presidents); however, President Frazier recognized all past-presidents at this time pointing out that they had contributed to making the history possible. The Report of the Committee on Parenterals was received too late for presentation at the meeting but it is published along with the other reports.

The meeting was then turned over to Vice-President Jane L. Rogan who introduced the president for the annual address. It was moved, seconded and carried that the report be accepted and the recommendations referred to the Committee on Resolutions.

Dr. Don E. Francke, director of the Division of Hospital Pharmacy reported on the activities of the Division during the past year, as well as briefly reviewing the work of the Policy Committee in the absence of Dr. Robert P. Fischelis, chairman.

The meeting was turned over to Allen V. R. Beck, chairman of the Committee on Program and Public Relations, who introduced the speakers. The following papers were presented:

"Pharmaceutical Uses of the Sorbitans," by J. R. Cathcart.

"Point-Rating Plan for Hospital Pharmacy Service," by M. R. Kneifl.

"Cross Section Through Swiss Hospital Pharmacies," by Kurt Steiger.

At this time a meeting was scheduled for representatives of the SOCIETY's Committee on Education and the Conference of Teachers of Pharmacy. However, due to the late hour and the fact that an evening meeting was scheduled, the conference was postponed and a meeting was called for 8:30 on Fri-

day morning, to be held in the ASHP suite.

The first session of the 1952 annual meeting adjourned at 5:30 P.M.

Second Session

The second session of the 1952 ASHP meeting was opened by President Frazier on August 21 at 8 P.M. Since there was no unfinished business, the meeting was turned over to Allen V. R. Beck who introduced the following speakers:

"The Hospital Pharmacists' Role in the Support of Sound Drug Therapy," J. Solon Mordell and C. K. Himmelsbach, M.D.

"Improvements in Hospital Pharmacy by Adequate Inspection," by J. Harold Jones.

"Programming and Planning for Hospital Pharmacies," by Alex Milne.

"An Evaluation of Papers Used for Wrapping Articles to be Sterilized," by Carl E. Beck, Donald E. Shay and W. Arthur Purdum.

The meeting adjourned at 10:30 P.M.

Third Session

The third session of the 1952 annual meeting was called to order at 8:45 on Friday morning August 22 with President Frazier presiding. The program for the session was devoted to Special Decennial Events, the first part including greetings from the following organizations:

American Pharmaceutical Association, Dr. Robert P. Fischelis

American Hospital Association, Dr. Malcolm MacEachern

Catholic Hospital Association, Sister Mary Berenice

Canadian Society of Hospital Pharmacists, Miss Irene Olynyk

Among the guests introduced at this meeting were Dr. Robert Cadmus, chairman of the American Hospital Association's Committee on Pharmacy; Dr. Charles Letourneau, secretary of the A.H.A.'s Committee on Professional Practice; and Colonel Borje Alm of the Medical Board of the Swedish Defense Forces, Bureau of Pharmacy of the Swedish Public Health Department.

The meeting was then turned over to Don Francke who introduced the foreign representatives brought to the meeting by the Society. The following papers were presented:

"Hospital Pharmacy in Great Britain," by Herbert Grainger, Westminster Hospital, London, England.

"New Methods of Sterilization," by Kurt Steiger, Kantons-Apotheke, Zurich, Switzerland.

The meeting was turned back to President Frazier and the following papers presented:

"The Effect of Modern Drug Therapy on Life," by Austin Smith, M.D.

Combination of Pharmacy and Central Supply Departments—Internship in Action," by Sister Mary John.

The third session of the 1952 annual meeting arjourned at 12:30 P.M.

Fourth Session

The fourth and final session of the 1952 ASHP annual meeting convened at 1:10 P.M., Friday, August 22. Papers presented at this time included:

"What Work Simplification and MTM Can Do for Hospital Pharmacies," by Serge Birn.

"Preliminary Report on the Use of PCMX in Surgical Soap," by Samuel Hopper.

"Manual on Hospital Pharmacy Operation," by George Archambault.

The final business session was called to order by President Frazier who first expressed appreciation to the members of the Philadelphia group for the many contributions they had made toward the Decennial meeting. Announcements were made concerning the banquet on Friday night.

Under New Business, Mr. Norman Baker moved that the following proposed change in the By-Laws which was introduced at the first session of the annual meeting be accepted:

Whereas the costs of operation of the American Society of Hospital Pharmacists have increased tremendously in recent years, and

Whereas during the ten years of the Society's existence, there has been no increase in dues, resulting in increasing difficulty in maintaining a balanced budget, therefore

Be it resolved that Chapter V, Article 2 of the By-Laws be amended to read as follows: Dues for active and associate members shall be five dollars ($5.00) per year, payable in advance.

Be it further resolved that this increase in dues become effective January 1, 1953.

The motion was seconded and carried by a unanimous vote.

Mr. Milton Skolaut raised the question concerning the possibility of having all reports presented at the annual meeting in mimeograph form in order that it would be necessary to present an abstract only. The suggestion was referred to the Executive Committee for further consideration.

President Frazier then called upon W. Arthur Purdum, chairman of the Committee on Resolutions for the Report. The following resolutions were accepted: (Any discussion on the resolutions is included at the end of the resolutions.)

1.

Whereas the Catholic Hospital Association has been of aid and inspiration in the past, and

Whereas the C.H.A. has offered its significant Point-Rating Plan for Hospital Pharmacy Service based on the *Minimum Standard for Pharmacies in Hospitals*, therefore be it

Resolved that the American Society of Hospital Pharmacists gratefully accept for study the excellent contribution of the Catholic Hospital Association, and

Be it further resolved that the Catholic Hospital Association be commended highly for this contribution to hospital pharmacy standardization.

2.

Whereas the *Minimum Standard for Pharmacies in Hospitals* has been widely publicized for more than two and one-half years, therefore

Be it resolved that the American Society of Hospital Pharmacists request its members to survey their pharmaceutical services and facilities in view of the Catholic Hospital Association's Point-Rating Plan for Hospital Pharmacy Service, and

Be it further resolved that the Society request its members to consider adjustments for compliance with the Standard.

3.

Whereas the entire future of hospital pharmacy may well depend upon an adequate supply of well trained hospital pharmacists, therefore

Be it resolved that the Division of Hospital Pharmacy be requested to proceed immediately with the development of the internship accreditation program for hospital training based on the Minimum Standard for Pharmacy Internships in Hospitals.

4.

Whereas the Committee on Narcotic Regulations has submitted recommendations involving possible changes in the Federal Narcotic Law and/or regulations which merit further study, therefore

Be it resolved that this very comprehensive report of the Committee on Narcotic regulations be referred to the Executive Committee of the Society for consideration and action.

5.

Whereas Mr. A. L. Tennyson, chief counsel, and his staff of the Federal Bureau of Narcotics have been most considerate and helpful to the Society's Committee on Narcotic Regulations, therefore

Be it resolved that the secretary of the SOCIETY be instructed to send a letter of commendation to Commissioner H. J. Anslinger of the Federal Bureau of Narcotics.

6.

Whereas the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS has on one or more occasions been offered grants-in-aid for scientific, educational or other purposes beneficial to the SOCIETY, which offers have been declined because of the lack of a definitive policy governing such matters, therefore,

Be it resolved that the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS develop a sound, fundamental policy regulating acceptance and use of such grants.

7.

Whereas the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS has grown to a membership of over 2,000 and has assumed a place of importance in the realm of pharmaceutical activities, therefore

Be it resolved that the SOCIETY send an official representative to national and international pharmaceutical and other health profession meetings as deemed desirable by the Executive Committee.

8.

Whereas the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS has great interest in the programs and activities of its affiliated chapters and since the opportunities for cooperation with the various units of the SOCIETY has not been sufficiently well developed, therefore

Be it resolved that the Executive Committee seek every opportunity to develop a program whereby the president, secretary or a member of the Executive Committee visits one meeting of each affiliated chapter once a year.

9.

Whereas the extensive Bibliography published in THE BULLETIN, volume 8, number 1, has been of inestimable value to the practicing hospital pharmacist, therefore

Be it resolved that the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS provide for the issuance of an annual supplement to the *Comprehensive Bibliography on Hospital Pharmacy.*

10.

Whereas the American Institute of the History of Pharmacy has generously given assistance in the preparation of the history of the first ten years of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS, therefore

Be it resolved that the SOCIETY express its profound appreciation for the helpful services rendered and request continued mutual cooperation between the two organizations, and

Be it further resolved that a copy of this resolution be sent to the American Institute of the History of Pharmacy.

11.

Whereas Miss Gloria Niemeyer, secretary of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS, has given untold valuable time and effort beyond the demands of her position in the preparation of the history of the SOCIETY, therefore

Be it resolved that the SOCIETY extend its sincere gratitude to Miss Niemeyer for a job well done and give her a rising vote of thanks at this time.

12.

Whereas we now have a recorded history of the first Decennium of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS, therefore

Be it resolved that the SOCIETY continue the compilation of material of historic value with a view toward publication of an addendum at least every ten years.

13.

Whereas the hospitality extended to the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS by the Philadelphia Hospital Pharmacists' Association during this Decennial meeting has been cordial and enjoyable, therefore

Be it resolved that the SOCIETY express its sincere appreciation to the Philadelphia Hospital Pharmacists' Association for its efforts to make this visit a memorable occasion, and

Be it further resolved that the SOCIETY commend the excellent services rendered by the "Flack Tourist and Convention Bureau," and

Be it further resolved that a copy of this commendation be sent to the respective organization named.

Under Resolution 8 concerning the development of a program whereby a member of the Executive Committee would visit affiliated chapters, Mr. Paul Parker raised the question in regard to expenses for carrying out such a program and Mr. Henry Beard suggested that time might also be a factor. It was generally accepted that some provision should be made in the budget for travel expenses for members of the Executive Committee.

Nominating Committee

Mrs. Evlyn Gray Scott, chairman of the Committee on Nominations, presented the following report:

Nominations for officers for the 1953-1954 term:

For President: Allen V. R. Beck, Indianapolis, Ind., and J. Solon Mordell, Washington, D. C.

For Vice-President: Phyllis Platz, Lincoln, Nebr., and Adela Schneider, Houston, Texas.

For Treasurer: Sister Marian, Elizabeth, N. J., and Anna D. Thiel, Miami, Fla.

Following the report a motion was made and seconded that the report of the Committee on Nominations be accepted. At this time a motion by Miss Charlotte Samuels was ruled out of order. The motion before the house was voted on and carried. Then Miss Samuels requested a five-minute intermission. The motion was seconded by John Zugich. Under discussion the president pointed out that parliamentary procedure provided for such with a two-thirds vote of the house. W. Arthur Purdum asked for the floor and pointed out that he did not see the necessity of such an intermission, particularly since anyone could make a nomination from the floor. A vote was taken and the motion was defeated.

Milton Skolaut nominated Mrs. Evlyn Gray Scott from the floor and the motion was seconded by W. Arthur Purdum. Mrs. Scott indicated that she would not accept the nomination for president of the SOCIETY. Milton Skolaut moved that the nominations be closed and that the report of the Committee on Nominations be accepted. The motion was seconded by Don Francke and carried.

Officers for the new year were installed, including President Grover C. Bowles; Vice-President George L. Phillips (in absentia); Secretary Gloria Niemeyer; and Treasurer Sister Mary Florentine (in absentia). The following telegram from Sister Mary Florentine was read at this time.

Congratulations on the SOCIETY's Tenth Birthday. May the next decade see even greater progress. Sorry not to be with you all.

Sister Mary Florentine

Following installation of officers, Mr. Bowles presented a brief talk on the general plans for the coming year and announced the committee appointments.

Following announcements, the ninth annual meeting of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS was adjourned at 5 P.M.

Minutes of House of Delegates

GLORIA NIEMEYER, *Secretary*

The third annual meeting of the House of Delegates of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS was called to order by President Walter Frazier at 2:30 P. M. on Sunday, August 17 at the Bellevue-Stratford Hotel in Philadelphia, Pa. President Frazier welcomed the delegates and briefly outlined the plans for the week. He also introduced Mr. Herbert Grainger, one of the foreign hospital pharmacists brought to the United States by the SOCIETY. The other guest, Dr. Kurt Steiger, was called upon but had not yet arrived.

The following fraternal delegates to the meetings of the ASHP were introduced:

Lt. Col. Henry Dale Roth, Department of the Army

Lt. Col. Paul C. Larnce, Department of the Air Force

Commander R. L. Taylor, Department of the Navy

Allen J. Brands, Public Health Service

E. Burns Geiger, Veterans Administration

The role call of delegates showed that 22 affiliated chapters of the ASHP were represented by accredited delegates. Reports from the chapters were received as the roll call was taken. Seven members of the Executive Committee and three chairmen of special committees were present as voting delegates.

President Frazier then introduced Mr. Quintus Hoch, president of the Philadelphia Hospital Pharmacists' Association, and members of the local committee.

President-elect Grover C. Bowles was then called upon to present an address in which plans for the coming year were outlined. It was moved, seconded and carried that the address of the president-elect be accepted.

In order to expedite the work of the committees during the week, President Frazier made the following appointments:

Committee on Resolutions: W. Arthur Purdum, *chairman;* Lillian Price; and Jane Rogan.

Committee on Constitution and By-Laws: Ludwig Pesa, *chairman;* Geraldine Stockart; and Valerie Armbruster.

Committee on Nominations: Evlyn Gray Scott, *chairman;* I. Thomas Reamer; and Claude Busick.

Proposed changes in the Constitution and By-Laws were called for by the president. The recommendation from the Executive Committee for an increase in SOCIETY dues was brought up for discussion. Allen Beck pointed out the need for a raise in dues in order that the committee projects can be carried out. There was discussion concerning the increase needed and desirable. However, it was generally agreed that five dollars was satisfactory. Those speaking in favor of a raise in dues were Miss Valerie Armbruster, Allen Beck, Mr. Claude Busick, Mrs. Lillian Price, Miss Charlotte Samuels, and Mr. Benjamin Wexlar.

Questions were also raised concerning other possibilities for increased revenue such as lower A.Ph.A. dues, increase in advertising in THE BULLETIN; and the effect of a raise in SOCIETY dues on local chapters. Miss Mary McWilliams, secretary of the Philadelphia group, pointed out the difficulty in bringing their group into the ASHP and A.Ph.A., indicating that a raise in dues would not be good at this time.

It was agreed that the recommendation be referred to the Committee on Constitution and By-Laws.

On the nomination of the Executive Committee, and approved by the House of Delegates, Gloria Niemeyer was elected secretary of the SOCIETY for the coming year.

The meeting adjourned at 5 P.M.

Report of Committee on Membership and Organization

JANE L. ROGAN, *Chairman*

The Committee on Membership and Organization consisted of Bent Archer, Charles Barnett, Florence Hatter, Cedric Jeffers, Belle Moskowitz, Ludwig Pesa, Sister Mary Junilla, Jane L. Rogan and 100 sub-committee members representing almost every state in the Union and including two members in Canada.

The Committee attempted to ascertain the number of practicing hospital pharmacists in the United States and attempted to contact all who were not members of the SOCIETY.

The Committee is pleased to report that the membership of the SOCIETY shows a 22 percent increase since the last annual meeting making a total of 2,018 members. Five new chapters affiliated with the national group and seven areas of the country indicate the probability of formation.

The membership statistics as of August 7, 1952 are as follows:

Active members	1734
Associate	282
Honorary	2
	2,018

A total of 441 new members have joined the SOCIETY since September 1951 (last convention). THE AMERICAN SOCIETY OF HOSPITAL PHARMACISTS now comprises 12½ percent of the American Pharmaceutical Association's active membership.

The new affiliated chapters are:

Georgia Society of Hospital Pharmacists

Indiana Society of Hospital Pharmacists

Memphis Chapter of the American Society of Hospital Pharmacists

North Carolina Society of Hospital Pharmacists

Philadelphia Hospital Pharmacists, Association.

Membership activity in local groups is manifested in the following areas:

Minnesota, Colorado, Greater Kansas City, Hospital Pharmacists of New York State, San Diego, California; Fargo, North Dakota; and Rhode Island.

Sister Mary Junilla of Los Angeles, deserves the plaudits of the Society for her efforts in behalf of the Committee on Membership and Organization in the Southwestern portion of the United States.

Recommendations

1. It is recommended that the work begun by this Committee in an attempt to locate all hospital pharmacists in the United States, be continued by the incoming Membership Committee.

2. That records of this Committee be used to continue and enlarge upon a renewed membership campaign during the year 1952-53.

3. It is recommended that the lists of names of non-member hospital pharmacists be made available by the chairman of the Committee on Membership and Organization to each of the several national committee members who shall be responsible for more adequate and personalized contact in the several geographical regions of the U. S.

Report of Committee on Minimum Standards

GROVER C. BOWLES, *Chairman*

The Committee on Minimum Standards consisted of Sister Bernardine, Dean Friesner, Leo Mossman, and Robert Statler.

The possibility of conducting a pilot study on a limited scale in a select group of hospitals to test the adequacy of the *Minimum Standard for Pharmacies in Hospitals* was considered by the Committee and the findings were reported at the meeting of the Executive Committee held in Dayton, Ohio on March 1 and 2.

It was the concensus of opinion of the Executive Committee that the Proposed Survey of Pharmacy Services to be conducted by the Division of Hospital Pharmacy and the Public Health Service would give the same information, if not more, and that a larger number of hospitals would be contacted. For this reason the Executive Committee did not believe it would be advisable for the Committee on Minimum Standards to proceed with plans for such a pilot study at that time.

The Committee views the implementation of the *Minimum Standard for Pharmacies in Hospitals* as a long range educational process and does not believe that the inspection and accrediting of pharmacies in hospitals by the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS or other professional groups is practical or desirable at this time.

The Committee strongly recommends that the SOCIETY continue to give wide publicity to the *Minimum Standard for Pharmacies in Hospitals* and encourage hospital pharmacists to make their own evaluation of the pharmacy service in their institutions and take the necessary steps required to comply with the Standard.

The Committee also wishes to emphasize the importance of the implementation of the *Minimum Standard for Pharmacy Internships in Hospitals* and recommends that the SOCIETY urge the Division of Hospital Pharmacy to proceed with the development of an accrediting program based on an actual inspection of the pharmacy facilities of the hospitals offering pharmacy intern training at the earliest possible date.

The Committee wishes to call attention to the heated controversies which have developed in the past between certain specialty groups and hospitals in regard to accrediting programs, and cautions against any action which might be misinterpreted and result in a pharmacist-hospital controversy.

During recent years the Special Committee on Education has taken over some of the basic work assigned by the Constitution to the Committee on Minimum Standards. It is therefore recommended that the Special Committee on Education not be reappointed and that the Committee on Minimum Standards assume the functions as outlined in Article 3, Chapter VI of the Society's Constitution.

The Committee wishes to recognize and compliment the excellent work on Minimum Standards which is being carried out by the Committee on Pharmacy Practice of the Catholic Hospital Association of the United States and Canada.

Report of Committee On Program and Public Relations

ALLEN V. R. BECK, *Chairman*

The Constitution and By-Laws outlines the duties of this Committee. In accordance with this, the Committee has made every effort to promote hospital pharmacy to Pharmacy and allied professions.

The main consideration of the Committee this year has been to provide an outstanding program for the Decennial Meeting and the celebrations connected with it. With the excellent cooperation of the entire membership of the SOCIETY, we have been able to bring two hospital pharmacists from Europe to participate in our program. These two guests were Mr. Herbert Grainger, chief pharmacist, Westminster Hospital, London, England, and Dr. Kurt Steiger, chief pharmacist, Kantons-Apotheker, Zurich, Switzerland.

We wish to extend our deepest thanks to the Philadelphia Hospital Pharmacists' Association for the wonderful job well done in connection with this meeting.

This Committee would like to recommend that portable displays be made available to the Committee on Program and Public Relations for use at interprofessional meetings and conventions. These displays should be changed at least once a year.

Report Of Committee On Pharmacists In Government Service

CHARLES G. TOWNE, *Chairman*

This Committee considered the recommendation of its previous members and reviewed the statistics of their valuable survey. Further action in this direction should be directed toward increased membership and activity of government pharmacists with the SOCIETY, and toward raising the standards of services rendered in government pharmacies. It is felt these efforts will indirectly accomplish improved conditions and salaries more effectively than the use of this Committee for direct appeals as so many questionnaire replies urged.

This Committee recommends the SOCIETY's highest commendations in recognition of the raising of government pharmacy standards, by the establishment of the Veterans Administrations Residency Teaching Program and the Public Health Service Internships.

Establishment of Pharmacy Teaching Programs in government hospitals follows the pattern of our allied medical professions, and makes better trained pharmacists available as needed for our improving services; thus rendering better care to our first concern, the patient. The trend toward refresher and advanced training for staff pharmacists by special courses and participation in institutes is further commended and encouraged by this Committee. Appreciation is expressed for coordination and use of material and member assistance rendered both officially and voluntarily by the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS. This Committee is particularly concerned since it is through such achievements as this that improved status and grades for all government Pharmacists will be attained.

Members of the Committee attending the Los Angeles District Meeting of the A.Ph.A. met and the following problem was presented and became our major project for the year:

> Pharmacy Graduates enlisting or drafted into the armed services prior to registration, after serving one year or more in hospital pharmacies in the Services, under registered pharmacist training and supervision, are generally being allowed only six months credit toward the experience required for registration. This regulation effective in most states is based on a recommendation of the National Association of Boards of Pharmacy.*

This Committee felt this was unfair discrimination against pharmacists in the service of their country, causing hardships and unnecessary delays in registration. Further it prevented the earning of a commission or even choosing a pharmacy career in their branch of service.

Drs. Don Francke and Robert Fischelis were consulted at this meeting. They expressed concern in agreement with our feelings, made recommendations for action and pledged assistance.

President Walter Frazier was consulted by writing and with his kind assistance and supporting letters, a direct appeal was sent the secretary of the National Association of Boards of Pharmacy for some immediate action upon their part. Replies were disappointing in the hope of immediate action. Only consideration by the Executive Committee and at this convention were assured.

Since this was still an immediate problem it was again referred to President Frazier at the March meeting of the Executive Committee, where a letter of direct appeal to each state board was approved. It was compiled and submitted through President Frazier for

*Editor's Note: See Resolution Passed by National Association of Boards of Pharmacy, 1952 Annual Meeting. Printed in full on page 547 of this issue of THE BULLETIN.

approval then to the secretary for duplication and mailing. As this affected policy and inter-pharmacy relations it was further referred to Dr. Fischelis as chairman of the Division's Policy Committee. Here a final revision was made and approved.* Though some of the direct appeal was sacrificed it is felt attention was adequately aroused to assure action at the convention of the National Association of Boards of Pharmacy. About ten states vaguely replied. Some misunderstanding still exists; several indicated the problem does not exist in their state; and a number assured that it would be given consideration.

An initial aim for this year was to increase ASHP membership of government pharmacists through this Committee. Assistance was offered Jane Rogan, chairman of the Committee on Membership and Organization. However, here it was found our efforts were paled by her concerted actions previously instigated. Mrs. Rogan and her Committee are hereby sincerely thanked and commended for their accomplishment not only for government but all hospital pharmacy.

Letter Sent to State Boards

May 29, 1952

To: Secretaries of State Boards of Pharmacy:

We would like to call your attention to what is considered a hardship on the part of pharmacists who have joined the military forces immediately after completing their college education. We believe, that, in part, the hardship results from a misunderstanding of the quality and supervision of the training which is now received by practicing pharmacists in the pharmacies associated with military hospitals.

Your Board has, undoubtedly, been studying the extent of credit to be allowed for hospital pharmacy experience, including the experience in military hospitals. In giving consideration to this matter you may not be aware of the extensive changes that have occurred in military pharmacy and its supervision.

Whereas World War I saw pharmaceutical service in the Army without much competent supervision, the situation in World War II, and subsequent thereto, has changed considerably. We believe we can state that practically all military hospitals today are in charge of commissioned pharmacists who are also registered pharmacists in one or more states. Of course it cannot be expected that a military hospital in a certain state is manned by medical, dental, or pharmacy officers who are all registered in that particular state. However, they are registered in some state. It is well known that military hospitals, regardless of location, do not come under the jurisdiction of state laws Hence, they constitute territory which is outside of state supervision.

Any non-registered pharmacy graduate who, either in a commissioned or non-commissioned capacity, is assigned to pharmaceutical duties in one of these military hospitals receives his practical experience under the supervision of a registered pharmacist officer. This officer may or may not be registered in the state where the hospital is located. This situation is comparable to civilian pharmacy in that you are frequently asked to pass upon the application for registration of a pharmacist who has received his practical experience.

We believe that when the National Association of Boards of Pharmacy adopted the general policy of recommending that credit for military pharmacy experience be limited to six months, the members of the Association were not aware of the current quality and extent of pharmacy experience in military hospital pharmacies. We are aware, of course, that all military hospital pharmacies do not fall into the same category. There are pharmacies which might not qualify fully as places in which to obtain practical experience, either because of the limitation of activity or the lack of qualification of personnel to supervise the practical experience. It is further granted that you will have to consider each case on its merits.

Our Committee believes that individual Boards of Pharmacy which can be assured that the practical experience obtained in a military hospital pharmacy is sufficiently broad and is supervised by a registered pharmacist, would not deny the recipient of experience under such circumstances the same rights which accrue to any applicant who obtains his experience in civilian hospital pharmacy. We would like to point out that Army, Navy, Air Force and Public Health Service regulations in hospital pharmacies are such that a Board of Pharmacy could obtain a much better record under similar circumstances in a civilian pharmacy. If your Board allows only six months credit for military hospital pharmacy obtained under the most favorable conditions, you are making it difficult, if not impossible, for a young man or woman who enters military service immediately upon graduation to become a registered pharmacist, without considerable hardship.

A graduate pharmacist who becomes a member of the regular armed forces today has no opportunity during his entire service with the armed forces to qualify as a registered pharmacist because it is impossible for him to work in a civilian retail pharmacy while serving in a military capacity.

We feel quite certain that the military authorities dealing with medical care will be ready to supply full information as to the character, quality and supervision of the pharmacy service in their respective establishments. We therefore, respectfully urge that the discrimination against those who join the armed forces and obtain their pharmaceutical experience under acceptable conditions be lifted. We urge this because we feel sure that no harm would come to the public, which pharmacists are registered to serve, while unnecessary hardship is visited upon those who have answered the call to military duty immediately upon completing their professional education.

To summarize our position, may we respectfully request your Board to take the following action:

(1) Secure sufficient information either directly or through the National Association of Boards of Pharmacy, of the quality of practical experience obtainable in military hospital pharmacies.

(2) Arrange with military services, either directly or through the National Association of Boards of Pharmacy, to obtain a record of the military hospital pharmacies which meet the minimum standards required of civilian hospital or retail pharmacies to qualify as places to obtain approved practical experience.

(3) Issue an announcement, as early as possible, that the extent of practical experience credit given by your Board for service in military hospital pharmacies, under the supervision of registered pharmacists, will be equal to that given for hospital pharmacy or retail pharmacy experience of similar extent and quality.

(4) Let it be known that each applicant for registration as a pharmacist, who has obtained his practical experience in military pharmacies, will have his qualifications judged on the experience record supplied and on the merits of his case.

We know this in not an intentional discrimination against our servicemen, and that you will wish to correct this ruling at once. It should be possible for these pharmacy graduates to qualify for examination in their home or any other state, immediately upon completion of the required completion of the required experience, whether still in service or discharged. A regulation which does not give full credit for experience gained in military hospitals under proper supervision will prevent promotions and the choosing of a military career in pharmacy.

We should greatly appreciate your immediate attention to our sincere appeal for the benefit of pharmacists who are called into the service before gaining their practical experience. We believe these men and women deserve all the help and assurance we can give at this time.

Very Sincerely,
CHARLES G. TOWNE, Chairman
Committee on Pharmacists in
Government Services

Veterans Administration Center
Wilshire & Sawtelle Blvds.
Los Angeles 25, California

*See complete text of letter following report above.

Report of Committee on Education

W. ARTHUR PURDUM, *Chairman*

On November 30, 1951, the secretary of the ASHP wrote to the deans of schools of pharmacy throughout the country and forwarded copies of the *Proposed Syllabus for a Course in Hospital Pharmacy Administration* which has been developed by the previous Committee on Education. This letter emphasized that this was a preliminary draft and the Committee would like suggestions and comments before proceeding further.

The purpose in distributing the Syllabus is twofold. First, it is hoped that the schools will be encouraged to offer courses in hospital pharmacy administration and second, we are soliciting constructive criticism on the outline as it now stands. Eighteen replies were received from deans and concerned faculty members. While all comments were favorable, it is quite likely that after more time has been devoted to the study of our proposals we will receive additional comments which will result in an improved Syllabus.

The deans of seven of the schools indicated their intentions to institute work in hospital pharmacy in the near future and it is encouraging to observe that within recent weeks two of these colleges of pharmacy have announced a

graduate program of study in hospital pharmacy. Also, the Veterans Administration in cooperation with the University of Southern California will initiate a pilot graduate training program in hospital pharmacy in September, 1952.

During this convention week the Committee on Education as well as other interested members of the ASHP will meet with the Conference of Teachers of Pharmacy of the American Association of Colleges of Pharmacy. This joint conference will review the Proposed Syllabus in the light of comments received and our experience with it as a teaching tool in order to improve it where possible.

Report of Committee on Narcotic Regulations

VERNON O. TRYGSTAD, *Chairman*

The chairman has been most fortunate in having as members on this Committee, Mr. Arthur W. Dodds and Mr. Milton Skolaut, both past chairmen of the Committee, and Mrs. Evelyn M. Carlin, herself Chairman of the Narcotic Committee of the New Jersey Society of Hospital Pharmacists. In addition, advice and counsel has been received from Mr. E. Burns Geiger and Dr. George Archambault. The Pharmacy Divisions of the Veterans Administration and Public Health Service, which Mr. Geiger and Dr. Archambault head respectively, have both recently completed revisions of narcotic policies and procedures and considerable benefit has been gained from the experience of these agencies.

Suggested record forms for narcotic accounting in pharmacies and on nursing units were published as part of the report of the 1950 Committee. These forms were revised somewhat by the 1951 Committee and published as part of its report. The present Committee has received several questions regarding these forms which we will attempt to clarify at this time. First, adoption of the forms as published does not, and cannot, make their use mandatory. Forms published by this Committee* are intended as a guide to hospitals in developing a concise form in which all necessary information is included. We have an indication from the Bureau of Narcotics that the information as presented will meet legal requirements. Certain instructions included in the form published last year were intended only as typical instructions and may be modified by individual hospitals to suit their own operating procedures. There has been no provision made at present for printing of the suggested forms by any organization, government agency, or private company. It is the suggestion of this Committee that the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS consider printing of narcotic record keeping forms for sale to interested hospitals.

*See pages 486, 487 and 488.

The present Committee has given further study to form requirements and is again presenting illustrations of revised narcotic record forms. It is emphasized that these forms may be modified for hospitals to suit their individual needs. However, essentially the same information should be included to insure meeting all legal requirements.

The last year's Committee, headed by Mr. Arthur W. Dodds, prepared and presented to the Bureau of Narcotics for comment a draft of its interpretation of federal narcotic regulations as applied to certain hospital practices. The Bureau of Narcotics made an exhaustive study and reply to the draft with a number of pertinent comments which have helped considerably to clarify questions of a regulatory and procedural nature. Both the original draft and the comments by the Bureau of Narcotics were presented as part of last year's report. A consolidated version of the original draft coordinated with comments by the Bureau was prepared by the present Committee and again submitted to the Bureau of Narcotics for comments or approval. The recommendations of the Bureau of Narcotics on the last submission have been incorporated in the procedures which are presented below for ready reference by operating pharmacies. There may be points in the present interpretation of regulations with which some hospital pharmacists will disagree, or at least feel could be improved. Some of the more important changes, however, may require legislation or amendments to present laws. Efforts along these lines will be covered later in this report.

Interpretation of Regulations and Procedures, Revised and Coordinated with Comments by Bureau of Narcotics

1. "The registration of a hospital in Class IV or in Classes III and IV, does not authorize anyone in that hospital to write prescriptions or orders for narcotics for an individual patient under the hospital narcotic registration or registration number." "Practitioners, in order to prescribe narcotics for or order narcotics dispensed to patients in the hospital, must be entitled under the laws of the particular state, territory or district to so prescribe or order dispensed narcotic drugs, and must be duly registered with the Collector of Internal Revenue for this purpose. Interns, residents and medical officers who are attending patients in the hospitals, if entitled under the state, territorial or district law to prescribe or dispense narcotic drugs to patients in the hospital, may obtain the requisite registration from the Federal Collector of Internal Revenue, to complete their qualification to write prescriptions for or order narcotics dispensed to hospital patients, in the course of professional practice. Usually the state, territorial or district medical practice act sets forth the requirements for the professional right to prescribe and dispense narcotic drugs. The licensed physician, dentist or veterinarian, in good standing has this right in the respective state, territory or district where he is licensed; there may be a question whether an intern has such right, even as limited to hospital patients, unless the medical practice act or a special law, authoritatively construed, gives the intern such a right limited to hospital patients. If it is authoritatively determined that the intern has such limited right under the state, territorial or district law, he may complete his qualification by registration with the Collector of Internal Revenue under the Federal narcotic law. This is a matter which must be determined with respect to each state, as it is believed that the laws of most of the states do not authorize the intern, before becoming duly licensed as a physician, to prescribe for or dispense narcotic drugs to a patient on his own independent professional judgment." The Bureau of Narcotics has stated that it is not the intent of article 28, Regulations 5, pertaining to employees or registrants, to authorize prescribing of narcotics by unlicensed practitioners as employees of an institution holding a Class III or IV registration.

2. Standing or p.r.n. orders for narcotics are permissible but should not be given for periods exceeding 72 hours.

3. Damaged, deteriorated, surplus, or otherwise unusuable narcotics should be turned over to the District Supervisor of the Bureau of Narcotics, and reported on Form 142, in accordance with Article 196, Regulations 5.

4. Physicians may, in the course of professional practices, and for the bona fide medical needs of the patients, prescribe reasonable quantities of narcotics for patients being discharged. Normally, this supply of drugs would be an amount required by the patient until other arrangements can be made, if medication is to be continued after discharge from the hospital. Any narcotics furnished to patients to take home upon discharge from the hospital should be dispensed as a prescription, satisfying the usual narcotic labelling requirements.

5. The administrative head of the hospital, as a registrant, is responsible for the proper safeguarding and handling of narcotics within the hospital. Responsibility for storage, accountability and proper dispensing of narcotics from the pharmacy is normally delegated to the pharmacist. Likewise, the Head Nurse, or her designates, are responsible for proper storage, and use as directed by the physician, with such delegation of authority, the administrative head of the institution is not relieved of supervisory responsibility to insure detection and correction of any diversion of mishandling of narcotics by pharmacists, nurses or other employees, and necessary checks should be made to assure compliance with requirement.

6. Narcotic drugs, whether intended for permanent or temporary ward stock, should be ordered from the pharmacy on the usual Narcotic Requisition form. If the actual "prescription", directing administration of the drug to a patient, is signed or initialed by the doctor on the doctors' order sheet, the request to the pharmacy for narcotic supplies may be signed by the responsible nurse and the physician's signature is not required.

7. Extemporaneous mixtures containing narcotics may be ordered from the pharmacy in the manner outlined above, on a Narcotic Requisition form, or copied prescription attached to the form, signed by the nurse, provided the order for administration of the mixture is entered on the patient's chart or "doctor's order sheet", and signed or initialed by the prescribing physician. Copied orders sent to the pharmacy should be completed with the name, but not necessarily the signature of the physician, the name of the patient, date, the

REQUISITION FOR NARCOTICS

Date	Nursing Unit	No.
Drug	Strength	Quantity

Ordered by (Name and Title) Signature	Received By (Name and Title) Signature

DATE CERTIFICATE OF DISPOSITION RETURNED TO PHARMACY _____

Return empty container and corresponding completed Certificate of Disposition with this form

---

CERTIFICATE OF DISPOSITION FOR NARCOTICS Nursing Unit _____

_____
(Name of drug, strength and unit)

Record losses in detail; include name of individual responsible

Received By (Nurse) Date Quantity Received:

DATE	HOUR	NAME OF PATIENT	DOSE	ORDERED BY-	ADMINISTERED BY-	BALANCE

(Continue record on reverse side if necessary; use reverse side for remarks)

COMPLETED FORM CHECKED ON NURSING UNIT BY DATE

COMPLETED FORM CHECKED BY (Pharmacist) DATE

complete prescription including directions, and name of the nurse preparing the requisition.

8. The physician's orders for administration of narcotics are usually written on the doctor's order sheet. However, if a complete prescription is written, the signed prescription should be sent to the pharmacy with the narcotic requisition. In all cases, it is most desirable that a Narcotic Disposition sheet be maintained, with a record kept of each dose administered.

(Note: In cases of prescriptions for individual patients, signed by the physician, it would appear that legal requirements might be met if the prescription were filled, filed and recorded in the pharmacy, and the medication dispensed, properly labelled for administration to the patient. This would be similar to prescriptions filled for individual patients by retail pharmacies for use at home. However, the Bureau of Narcotics raises a question as to how the several doses of the prescription are to be accounted for on the ward. It has been acknowledged that hospitals present unusual situations different in many ways from practice outside the hospital, and certain procedures are being recognized which could not be permitted in the physician, private patient, and retail dealer relationship. It is felt, therefore, that we should accept the recommendation that narcotic disposition sheets be kept on wards for all narcotics, including extemporaneous preparations for individual patients, and it is strongly urged that this procedure be followed.) The sheet should be returned to the pharmacy with the container when empty or when the medication is discontinued. Any remaining medication, upon discontinuance, should be returned to the pharmacy and the portion used accounted for on the Narcotic Disposition Sheet.

9. The doctor's full name or initials are required on the doctor's order sheet. The physician's narcotic registry number need not be included with the signature on the doctor's order sheet.

10. Telephone Orders:— A doctor may order a narcotic by telephone in case of absolute necessity. The nurse will write the order on the doctor's order sheet, stating that it is a "telephone order" and sign the doctor's name and her initials. The narcotic may be administered at once. The written order must be signed by the doctor with either his full name or initials within 24 hours. This procedure has been accepted by the Bureau of Narcotics with some reluctance, and should only be used in cases of actual necessity when the physician is not immediately available for signature of the order prior to administration.

11. "Verbal orders. A verbal narcotic order may be given by a doctor only on a bona fide emergency where time does not permit his writing the order. The nurse shall write such order on the doctor's order sheet, stating that it is an emergency order, giving the doctor's name and signing her initials. This written order must be signed by the doctor with his full name or initials before he leaves the hospital or within 24 hours." As in the case of telephoned narcotic orders, the Bureau of Narcotics has accepted the procedure with reluctance, recognizing that unusual situations arise in hospitals which are not common to other types of practice. The reason for reluctance of the Bureau in accepting telephoned or verbal orders is the fear that there may be a tendency for such procedures to become the common practice for personal convenience. It must be recognized that the Bureau of Narcotics has made a major concession to the hospital group on these two points, and it cannot be emphasized too strongly that telephoned or verbal narcotic orders should be accepted only in actual emergencies.

12. All narcotic orders and records must be typed or written in ink or indelible pencil, and signed in ink or indelible pencil.

13. Procedures in Cases of Waste, Destruction, contamination, etc.

a. Aliquot Part of Narcotic Solutions Used For Dose:
The nurse shall use the proper number of tablets or ampuls from nursing unit stock. She shall expel into the sink that portion of the narcotic solution that is not to be used. She shall record the number of tablets or ampuls used and the dose given in the proper columns on the Narcotic Administration sheet.

b. Prepared Dose Refused By Patient Or Cancelled By Doctor:
When a narcotic dose has been prepared for a patient but unused due to refusal by the patient or cancellation by the doctor, the nurse shall expel the solution in the sink. She shall record on the back of the Narcotic Administration sheet the reason why the narcotic was not administered. Example:
Discarded: Refused by patient or Order cancelled by Dr. A. Jones.
The head nurse of the unit shall sign the statement. The director of nurses or her assistant will then sign the statement.

c. Accidental Destruction of Narcotics:
When a narcotic solution, tablet, ampul or substance is accidentally destroyed on a Nursing Unit, the person responsible shall indicate the accidental loss by a check in the spaces allowed for the record on the Narcotic Administration sheet of that narcotic. The person shall write on the back of that Narcotic Administration sheet a complete report of the accident and sign the statement. The head nurse of the Unit will sign the statement when complete. The director of nurses or her assistant will then sign the statement.

d. Contaminated Or Broken Hypodermic

Tablets and Contaminated Narcotic Solutions:
When a narcotic hypodermic tablet is contaminated or broken or a narcotic solution is contaminated, the the person responsible or the head nurse shall place the tablets, particles, or solution in a suitable container and label. The person responsible or the head nurse shall indicate the contaminated narcotic by check in the space or spaces allowed for the record on the Narcotic Administration sheet of that narcotic. She shall write on the back of the sheet a complete report of the accident and sign the statement. The head nurse shall sign the statement when complete. The director of nurses or her assistant shall then sign the statement. The container with the contaminated narcotic shall be returned to the Pharmacy. The pharmacist will receive it and note on the Narcotic Administration sheet covering that particular narcotic that it has been returned. The hospital shall return the material either by itself or with similar narcotic material at a convenient time, to the Narcotic Bureau in the proper manner.

(In using the above procedures, the Head Nurse should sign entries as a Witness. In addition a professionally responsible supervisory official should initial the entries to assure an awareness on the part of supervisory professional personnel of all matters relating to narcotics.)

14. Procedures in case of loss, theft, etc.
    a. Discrepancies in narcotics count involving small amounts (such as single doses), should be reported to a responsible supervisory official. An investigation should be made to determine the cause of the loss. A copy of the report of investigation, signed by the responsible supervisory official filed with the hospital narcotic records, and appropriate action taken to prevent recurrence.
    b. In cases of recurring shortages, or loss of significant quantities of narcotics (several doses), a thorough investigation should be made making every effort to determine the reason for the shortage, and the person responsible if possible, with complete report of the incident and findings made to the Administrative Authority of the hospital. Appropriate action should be taken immediately to prevent recurrence. A copy of the report, including any findings resulting from the local investigation, should be forwarded to the District Supervisor of the Bureau of Narcotics in accordance with Article 194, Bureau of Narcotics Regulations No. 5.

Early in the year, in an effort to determine the needs of hospital pharmacists on narcotic problems, and to help the Committee in developing a program, letters were sent out to all local affiliated chapters requesting information on certain problems and soliciting suggestions. Although replies have not been received from all local groups, response was sufficient to give the Committee an indication of the questions and difficulties most commonly encountered. Apparently, there is considerable confusion and lack of uniformity in the interpretation of narcotic regulations in various districts. This is understandable where locally stationed enforcement officers, concerned mainly with investigations of criminal violations, are confronted with hospital problems related to registration and interpretation of rather broad general regulations. In this connection, attention is invited to Article 204, Bureau of Narcotics Regulations No. 5 regarding *Correspondence*—"Correspondence relative to interpretation of the law and these regulations should be addressed to the Commissioner of Narcotics, Washington, D. C." It is respectfully suggested that any questions of this type be referred directly to the Bureau and only those questions relating to violations of the law or regulations be referred to locally stationed narcotic agents or district supervisors.

One of the most prevalent problems among the various type hospitals, and perhaps the most irritating, is the requirement for registration in more than one tax class, if the hospital serves both in-patients and out-patients. Under these conditions, not only is it necessary to register in Classes III and IV, but the Bureau of Narcotics requires that separate stocks and inventories be maintained for each class. To review briefly the various tax classes effecting hospitals, Class III applies to retail dealers. Hospitals must register in this class if prescriptions are dispensed to patients by the hospital pharmacy. Class IV applies to physicians and other practitioners who administer narcotics to patients. Hospitals maintaining stocks of narcotics for administration to patients are required to register in this class. It has been obvious for some time that institutions such as hospitals, are misplaced in this class although at present there is no other class in which they can be included. The chairman and committee members have held a number of discussions on this problem with Mr. A. L. Tennyson, Chief Counsel for the Bureau of Narcotics, and proposals for future consideration, including possible legislative action, were discussed at length at a full committee meeting held in Washington this month.

EIGHT HOUR NURSE AUDIT RECORD

(Losses should also be noted. Attach another Form if more space is needed)

DATE	TIME	SIGNATURE ON-COMING NURSE	INITIALS OFF-GOING NURSE	DATE	TIME	SIGNATURE ON-COMING NURSE	INITIALS OFF-GOING NURSE	DATE	TIME	SIGNATURE ON-COMING NURSE	INITIALS OFF-GOING NURSE

REMARKS:

Signature

Audit Record for use on back of Certificate of Disposition for Narcotics

It would appear to be most desirable, and it will be a recommendation of this Committee, to establish a separate tax class for institutions, which would provide for utilization of narcotics by the institution in all types of cases now provided for under Classes III, IV, and V. This class, then, would require one stock and one set of records, and regulations applying to the class could be more definitely spelled out. Since the tax classes have been established by law under the Internal Revenue Code, provision for a new classification would have to be made by legislation in the form of an amendment to the present law. It is our understanding that the Bureau of Narcotics would be willing to study such a proposal and possibly sponsor necessary legislation under certain conditions.

First, a plan should be drawn up by interested organizations showing a workable means of inclusion of all types and sizes of institutions within the class. In addition, we should be able to present a satisfactory system of accountability for narcotic stocks. We believe that the accounting systems presented with this and previous reports would be adaptable to all types of hospitals and could be modified for satisfactory application to small hospitals without pharmacies.

Secondly, any proposal should have the concurrence and support of all interested groups, which should include the American Pharmaceutical Association's Division of Hospital Pharmacy, American Hospital Association, Catholic Hospital Association, and possibly other interested societies and governmental agencies.

From studies made of the problem by the Committee and discussion with the legal counsel of the Bureau of Narcotics, it appears that the major difficulty in drafting a separate class would be in providing for all types of hospitals, including those without registered pharmacists. In approving permits for registrants in the various classes, it is necessary to apply uniform standards for qualification.

Presumably, registration under the hospital class would permit the filling of all type narcotic prescriptions and orders, as well as the administration of narcotic drugs. It would be necessary, therefore, to require for registration under the class, a fully qualified pharmacist. This would exclude the small hospital without a pharmacist. Since we are assuming that all hospitals should be taken out of Class IV and placed in a separate class, a way will have to be found to provide for uniform requirements insuring adequate control and professional qualifications, and at the same time not exclude the smaller institutions. It has been suggested by Mr. DiBaggio of the Bureau of Narcotics legal staff, that it may be necessary to establish two new classes, one for hospitals with registered pharmacists, and another one with definite limitations for hospitals without pharmacists. This may be the best possibility and should, at least, warrant further consideration.

PERPETUAL INVENTORY OF NARCOTICS, (Pharmacy)

DATE	QUANTITY RECEIVED OR MANUFACTURED	QUANTITY DISPENSED ON PRESCRIPTION OR REQUISITION	PRESCRIPTION OR REQUISITION NO.	WARD OR CLINIC RECEIVING	QUANTITY USED IN MANUFACTURING	DISPENSED OR USED BY	BALANCE ON HAND
BALANCE ON HAND CARRIED FORWARD:							

NAME OF DRUG:	Strength	Unit	Type (Check)						
			Liq.	T.T.	H.T.	Suppos.	Amp.	Exempt	Other

Exhaustive studies were made by the former Committee on wastage in multiple dose vials of narcotic solutions and recommendations were made for a 10 percent tolerance allowance. The Bureau of Narcotics has questioned the necessity tolerance allowance. The Bureau of Narcotics has questioned the necessity for this degree of tolerance in all cases and has suggested as an alternative the graduated U.S.P. and N.F. tolerances ranging from 2 percent to 20 percent depending on the size of the vial. Our inquiries among hospital pharmacists have indicated a great deal of varied opinion on this question, and it is believed that it should be given further consideration.

During the year, one of our hospital pharmacists suggested that the Narcotic Committee consider encouraging drug manufacturers to produce narcotic hypodermic tablets in distinctive colors for each drug, to discourage substitution and for ease in recognition. Many questions arise in connection with this problem, with a number of possible objections, and it is the opinion of the full Committee that it should be given considerably more study before any positive recommendations are made.

Recommendations

It is the recommendation of the Committee that the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS lend its support to necessary legislation amending the present narcotic laws to provide for a separate tax class for hospitals.

It is further recommended that the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS reguest the Division of Hospital Pharmacy to consider proposals for revision of tax classes for hospitals, and that specific proposals be drafted in cooperation with the American Hospital

Association, the Catholic Hospital Association, other interested organizations, and the Bureau of Narcotics. It is respectfully suggested that since these proposals involve possible legislation, the Executive Committee of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS and Policy Committee of the Division of Hospital Pharmacy give them further consideration and call upon any member of the Narcotic Committee for any desired assistance.

It is recommended that a letter be addressed to the Commissioner of Narcotics calling attention to the helpful cooperation received from Mr. Tennyson and his staff, and expressing our appreciation for their assistance.

Report of Committee On Special Projects

EVLYN GRAY SCOTT, *Chairman*

Walter Frazier, president of the SOCIETY, appointed this Committee to start a project that he had had in mind for some time. He knew that the activity and experiences of all the hospital pharmacists is the life of our national organization. It was important that all members should know and feel this. He thought that perhaps the individual members would be more aware of this if they could work on projects that would be pooled with our national organization so that we all could share one another's ideas and achievements.

Cards and form letters were sent to all the local groups and some individual members outlining the Committee's work and requesting participation in some special project. The results have been tabulated and we feel that the project has had a start along lines that need to be continued at least during the next year.

We would like to recommend that Walter Frazier be considered as the new chairman of this group for the coming year since it was his idea and we believe he would know in what way to make this material available to all other hospital pharmacists.

For a list of the projects undertaken, see THE BULLETIN for September-October, 1951, page 334; November-December, 1951, page 436; and January-February, 1952, page 59.* *Make note of* bottom line: "Further reports will be made in succeeding issues of THE BULLETIN."**

*Editor's Note: A map of the United States was included with the report to show the distribution of projects that have been reported to date.

**A supplemental list of projects reported to date will be included in a forthcoming issue of THE BULLETIN.

Report of Committee on Disaster Preparedness

WILLIAM SLABODNICK, *Chairman*

General Statements

1. Because of the many variances created by the very nature of the problem, the Committee cannot present a specific disaster program which can be adhered to by each and every hospital pharmacist in the country.

2. It is generally believed that no set of rules or regulations can be formulated by this Committee which will apply to all institutions in the event of either a military or civil disaster. In the final analysis, a hospital's disaster plan must be drawn up by the hospital itself.

3. This Committee, for the record, wishes to introduce several significant factors which it considers of prime importance in meeting any emergency. These factors, generally speaking, will apply to all institutions regardless of size, and irrespective of geographical location. Investigation has been made in seven areas with which this report will be concerned. These include: (1) critical items, (2) source of supply, (3) facilities, (4) utilities, (5) personnel, (6) public relations, and (7) recommendations.

Critical Items

The following list of critical items are believed to be necessary for meeting most emergency situations:

Alcohol, Ethyl, U.S.P.
Alcohol, Isopropyl
Benzalkonium Chloride Solution, 10 percent
Benzalkonium Chloride Tincture
Chloramphenicol Capsules, U.S.P. 0.25 Gm. (Chloromycetin)
Ether, Anesthesia, ¼-lb. U.S.P.
Intravenous Fluids:
- Normal Saline
- 5% Dextrose in Saline
- 10% Dextrose in Saline
- Distilled Water
- 5% Dextrose in Water
- 10% Dextrose in Water
- 20% Dextrose in Water
- Lactate Ringer's
- Ringer's Solution
- One-Sixth Molar Sodium r-Lactate
- Protein Hydrolysate 5% in Water
- Protein Hydrolysate 5%, Dextrose 5% in Water

Morphine Sulfate, U.S.P. H.T. 0.016 Gm.
Penicillin, Procaine Aqueous Suspension
Plasma, Normal Human Dried Irradiated 500 cc.
Procaine Hydrochloride and Epinephrine Tablets, Hypodermic; each tablet contains 0.02 Gms. (1/3 gr.) Procaine Hydrochloride, 0.05 mg. (1/1200) Epinephrine and sufficient sodium chloride to make an isotonic solution when 1 tablet is dissolved in 1 cc. water.
Streptomycin U.S.P. 1 Gm.
Sulfadiazine Tablets, U.S.P. 0.5 Gm. (7½ gr.)
Terramycin Hydrochloride Capsules, 0.25 Gm.
Tetanus Antitoxin U.S.P. 1500 Units Prophylactic Dose
Tetanus Toxoid U.S.P.
Thiopental Sodium, Sterile, U.S.P. 1 Gm. (15 gr.) 25's: in ampules; with twenty-five 50 cc ampuls water for injection, U.S.P. (Pentothal Sodium)
Barbiturates, (according to duration of action)
Short, 0.1 Gm. (1½ gr.) Amytal, Pentobarbital, Seconal Sodium. Intermediate, 0.115 Gm. (1¾ gr.) Alurate, Ipral, Dial.

The drugs listed above are similar to those listed by the Office of Medical Services of the Office of the Secretary of Defense and the three medical departments of the Department of Defense. It has also been reviewed by other Government agencies and by professional organizations.

For "Supplies for the Treatment of Burns" see: United States Civil Defense: Health Services and Special Weapons AG-11-1, Pages 100-102.

The quantity to be stock-piled by the individual hospital cannot be suggested but will of necessity depend upon:

a. Size of the institution
b. Geographical location
c. Normal patient load of the institution
d. Capacity load of the institution
e. Type of institution
f. Available sources of supply
g. Available funds from both interior and exterior sources, including local, state, and federal grants.
h. Size of population served by the institution
i. Type of area served, whether industrial or rural
j. Natural hazards such as floods and fire potential, etc.

It has been stated that too much emphasis is placed on heavy stock-piling of pharmaceutical materials. It should be borne in mind that no one hospital will be called upon to bear the burden of meeting disaster emergencies as a sole participant. It is evident that a 24-48 hour supply of emergency materials would be desirable. Under our present socio-economic system, civilian and military forces, if need be, will move into disaster areas and make additional critical supplies available. It is conceivable and probable that hospitals from without the disaster area will be called upon to volunteer their resources.

Sources of Supply

It is advisable that every hospital pharmacist establish, in addition to the normal inventory, methods for the immediate procurement of drug supplies of all kinds. This should include an alphabetized list of names, addresses and emergency phone numbers of several drug and surgical supply houses, hospitals in neighboring cities and towns, and all local retail pharmacies and pharmacists. Although communications may be disrupted during an emergency, priorities will undoubtedly be granted for a request for supplies. Personal contacts with retail pharmacists should be encouraged and plans worked out on a local basis BEFORE any disaster will do much to

help the hospital in times of stress. These plans should include provisions for:

1. Conscription of professional services and advice
2. Channels for obtaining pharmaceuticals and supplies
3. Methods for the accountability of these supplies
4. Fixing responsibilities for the exchange of supplies so that a minimum of time will be lost in expediting shipments.

Facilities

Depending upon the seriousness of the situation, areas for auxiliary drug dispensing units may be necessary. These areas should be determined in the overall disaster planning program for the hospital and should be equipped with electrical outlets, water and disposal facilities. Areas not normally used in the hospital or in adjoining buildings may have to be used as supply areas for storage and distribution of drugs and drug supplies. Facilities must be available for the handling of these supplies in unpredictable quantities. Adequate refrigeration must be provided to store blood and other perishable products in unusually large quantities. It has been suggested that refrigeration areas in the dietary department be utilized for this purpose to the fullest degree possible.

Utilities

It must be remembered that the pharmacy disaster program is an integral part of the hospital disaster planning program. In the event of a disaster, therefore, the hospital's utilities are of vital importance.

a. *Electricity*: The importance of electricity to the efficient operation of the hospital needs no explanation. Many hospitals have made provisions for supplying electrical power through the medium of emergency power plants. Many of the various apparatus used in everyday pharmacy procedures within the department are dependent upon this power. The hospital pharmacist, in planning his own disaster program must be cognizant of the fact that this power may be lacking, and should therefore consider secondary methods for large scale manufacturing if this should be necessary. Conservation of this power, if available, should be kept in mind, and ways which will afford a reduction in the use of this power should be considered.

b. *Steam*: Curtailment of steam because of added loads in such departments as central supply, operating room and patient facilities may be necessary. Procedures requiring the use of distilled water for washing of equipment must be kept at a minimum. Pharmacies operating autoclaves may find is necessary to consolidate sterilization needs with other departments to bring about a conservation of steam.

c. *Water*: In the event of a disaster water may become a precious commodity, and its use should be kept to a minimum. Water that is to be used for drinking and pharmaceutical purposes may require purification by chemical or other means and it is suggested that the hospital pharmacist familiarize himself with the necessary technics.

Personnel

It is recommended that the Chief Pharmacist schedule the activities of all employees in the Department. It may become necessary to assign instructional duties to regular personnel in the training of auxiliary persons if these become necessary. A good plan is to establish a pool of pharmacy personnel to include all the registered pharmacists in the community who can be called upon for assistance. The information suggested for this pool would include the name, address and telephone number as well as a qualifications record for each member of the pool. If around-the-clock activities become necessary, sleeping quarters for personnel must be provided.

Public Relations

The hospital pharmacist enjoys the prestige which comes from being a member of the medical health team. As such he can expect to be called upon to assume responsibilities and obligations which will appear to be far remote from the practice of pharmacy. He must familiarize himself with surgical dressings and simple surgical instruments. He must have at his command a practical application of accepted first aid techniques, organize and maintain an armamentarium of disaster literature for ready dissemination. He must avail himself of adequate safety measures within his institution and enforce safety rules within the Pharmacy Department.

As previously stated, the pharmacy disaster planning program is merely a segment in the wide disaster planning program of the hospital and the community. It therefore is of immediate concern to the welfare of the institution that a spirit of cooperation exists between the pharmacy and all other departments in the plan. It is not only advantageous but would appear to be mandatory that the pharmacist becomes an active member in the planning of hospital disaster programs and volunteers such services and advice as will contribute to the ultimate success of this program.

Several communities which were polled reveal that hospital pharmacists are now members of local disaster planning committees. This is especially desirable for it offers an excellent opportunity for the pharmacist.

Recommendations

As noted in this report it is apparent that the Committee can only introduce generalities into the discussion of a disaster preparedness program for hospital pharmacies. This report is limited to generalizations for three specific reasons.

First: The objectives of this Committee, although well defined are too broad in nature. Because of this objective thinking bows to subjective reasoning.

Second: Within our present classification of hospitals as to size and type it is difficult for a small group such as this Committee represents to come forth with a program which will be suitable for all hospitals.

Third: There is, unfortunately, a general attitude of apathy among pharmacists as well as the general public whenever disaster preparedness programs are advocated. One of the major problems experienced by this Committee was that of dealing with disinterested persons in trying to evaluate specific findings to be brought before the Society.

The recommendations of this Committee to the Society are as follows:

1. That the president of the Society appoint several Sub-Committees to make detailed studies of hospital pharmacies and their operation in areas which were declared disaster areas in the past two years. These should include areas devastated by fire, flood, tornado, explosion, wreck, etc. These studies should deal with the problems which confronted the hospital pharmacists and an evaluation of the solutions which were resolved in meeting these problems.

2. That the program for disaster preparedness be delegated to the affiliated chapters of the Society and that the affiliated chapters appoint disaster preparedness committees to function within their own areas. It is believed that such a plan will make possible the formulation of specific plans since they can be studied on a regional basis.

3. That the hospital pharmacists themselves be urged to take inventory of their own resources and begin to think objectively of a program which will prepare their departments to function under the stress of a disaster. The violent floods in the midwest, the explosions and train wreck in Perth Amboy, New Jersey, and the devastating explosions in Corpus Christi, Texas are just three of the disasters in which hospital pharmacy had to meet an emergency. How well we play our part in a disaster tomorrow may depend upon the planning we do today.

Report of Committee on Parenterals

GEORGE L. PHILLIPS, *Chairman*

The major activities of the Committee on Parenterals of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS for the fiscal year just ended were as follows:

1. The Committee developed and presented a program on the manufacture of injections at the Toronto Institute on Hospital Pharmacy.

2. The Committee rendered non-profit consultation service to the American Sterilizer Company in the development of their plans for sterile solution rooms, mixing and filling equipment, bottles, closures, and administration sets.

3. The Committee is at present serving as a non-profit consultant to the West Company in the development of a three holed diaphragmed stopper to fit 43 MM FINISH blood and intravenous bottles.

4. The Committee is doing experimental work in collaboration with the Sterilon Company in an effort to develop closures and complete and multiple administration sets for use with the Upjohn intravenous bottle.

5. The Committee has compiled a bibliography of published works relating to the manufacture of injections and plans to enlarge this to a comprehensive bibliographic review of the subject. This will be published in the coming year.

Future projects for the SOCIETY in the parenteral field might consist in part of the following:

1. The SOCIETY could foster new parenteral fluid laboratories in hospital pharmacies perhaps through the medium of post-graduate courses or institutes devoted exclusively to the manufacture of injections.

2. The SOCIETY could serve as a consultant to companies engaged in supplying equipment for the manufacture of injections in hospitals.

3. The SOCIETY could maintain an up to date information pool on injection formulas and techniques.

Report of Committee On Publications

SISTER MARY ETHELDREDA, *Chairman*

The Committee on Publications recommends the following advertising policy for THE BULLETIN:

THE BULLETIN shall accept advertising only for officially accepted drugs or new drugs of proven therapeutic value and only from firms of nationally known reputation and reliability. THE BULLETIN shall also accept advertisements for equipment and material which may be of practical value in a pharmacy. In keeping with the high standards of the SOCIETY, the illustrative matter, general wording and the format of all advertisements shall be tasteful, respectable and beyond reproach. To ensue conformance with these existing high standards of the organization, THE BULLETIN shall not accept advertising for any item, drug, chemical or mechanical device, the use of which would be contrary to the principles of the Natural Law, which may be defined as the participation of all things in the plan of God.

Report of Committee on Constitution and By-Laws

LUDWIG PESA, *Chairman*

The Committee on Constitution and By-Laws concurred with the proposal and action by the Committee on Resolutions to alter Article 2 of the Chapter on Membership of the By-Laws, whereby the annual dues of the SOCIETY be raised from three to five dollars.

It is recommended that a special committee be appointed to study a plan for assessing individual chapters for the purpose of obtaining extra funds for organizational functions.

The Georgia Society of Hospital Pharmacists proposed a plan for establishing life membership in the ASHP, to be patterned in a manner similar to that of the American Pharmaceutical Association. It is recommended that this proposal also be made a subject of study by the special committee and that the conclusions be presented for consideration at the next convention.

Address of the President-Elect

GROVER C. BOWLES

Mr. President, Members of the House of Delegates and Friends:

Today, as we begin our Decennial Celebration, it is logical and proper that we look back over the hard won accomplishments of the past decade and honor the founders of this great SOCIETY. We are indeed fortunate that our founders, many of whom are still among our leaders today, were fired with idealism and the willingness to work for the good of all. Great strides have been made and our effectiveness in the hospital and pharmacy fields is becoming known throughout the world. As we face the future, it is of vital importance that we grasp today's opportunity for we are entering a new era of hospital pharmacy —an era of growth and development, an era of maturity. The foresight and the abundance of good leadership in the past has provided a firm foundation upon which to start this new era and we have every reason to face the future with confidence. As we look back over the past ten years, we must not become confused in our thinking. We may look back but we must think forward. We must lay plans, big plans—plans that will inspire us to greater accomplishments.

Hospital Expansion

Since the close of World War II, we have been experiencing the most energetic and systematic hospital expansion program that this country has ever known. This expansion of hospital facilities will affect us as private citizens, as tax payers, as hospital pharmacists and as members of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS. A major part of this expansion of hospital facilities has and is being made possible by the grants-in-aid provided by the Hill-Burton Hospital Survey and Construction Act. Published reports state, that as of April 30, Hill-Burton projects totaled 1,782 of which 893 are completed and in operation and 149 are in various stages of planning. This program will provide 85,643 additional hospital beds, 277 health centers and 53 health centers to be operated in conjunction with hospitals. The present Hill-Burton Act which is due to expire in June of 1955 is expected to provide approximately 200,000 additional beds, not to mention the greatly increased and improved diagnostic facilities which will be operated in or by hospitals. Already this Act is being studied with thought toward extending it beyond the present expiration date.

It is of particular significance that the funds to match the grants-in-aid provided by the Hospital Survey and Construction Act have in a great many instances been raised by community hospital fund drives. For example, earlier this year the city of Detroit announced the completion of the Greater Detroit Hospital Fund Drive. This drive, the largest of its type to date, provided $20,000,000 for the construction of four new hospitals and the enlargement of ten existing ones. Scores of smaller communities have conducted similar campaigns. Contributions to these community hospital fund drives have come from every source including industry, large corporations, small businesses and, most

important of all, from private citizens, all wanting and demanding more adequate hospital and medical care.

This desire of the public for adequate and better hospital care is also reflected by the fact that 85,000,000 Americans now have Blue Cross or other hospital coverage. Mr. John R. Mannix, Blue Cross Director in the Cleveland area recently reported that Blue Cross has added an average of 10,000 members per day since 1945.

The SOCIETY, through the Division of Hospital Pharmacy of the American Pharmaceutical Association, has cooperated with the Public Health Service in the development of floor plans for the pharmacies in hospitals of 50, 100 and 200 beds. Equipment lists for pharmacists in hospitals have also been compiled by these two groups. The floor plans and equipment lists are being widely used throughout the country as guides by hospital architects, administrators and pharmacists. Thus considerable progress has been made toward insuring that many of the pharmacies in new hospitals will be properly located and will have the space and equipment required to provide a high type of pharmaceutical service. The information service, offered without charge by the Division to hospital pharmacists and administrators, has provided a source of factual information on hospital pharmacy problems. I think much credit is due the Public Health Service and the Division of Hospital Pharmacy for their contributions to hospital pharmacy

It is interesting, and I believe important, to note the increase in the number of small hospitals and health centers located in suburban and rural areas. Likewise, it is significant to note the increase of pharmacies in small hospitals. According to the Directory of the American Hospital Association, the number of pharmacies in hospitals under 50 beds has increased from 12 percent in 1946 to 20 percent in 1952. In those hospitals of 50 to 100 beds, the percentage increase has been from 29 to 38. These are encouraging advances; however, I feel that the SOCIETY should undertake a careful study of the role of the pharmacist in hospitals of less than one hundred beds in an effort to determine what can be done to expand the usefulness of the pharmacist in this important group of hospitals. With this thought in mind, I have asked Mr. Thomas W. Foster, to serve as chairman of a special committee to study the role of the pharmacist in the small hospital. Mr. Foster, as many of you know, is a former hospital pharmacist and has had wide experience in many phases of work in the Public Health Service. I am sure he and his committee will provide us with much information not presently available.

Membership and Affiliated Chapters

During the coming year, it is mandatory that we continue our aggressive membership activities. Obtaining new members for the SOCIETY is the greatest single contribution to hospital pharmacy that we as individuals can make. New members read THE BULLETIN, attend local meetings and Institutes thereby becoming better informed, and enthusiastic hospital pharmacists. Their increased knowledge and interest is reflected in their work and results in better pharmacy service in their institutions. After all, the basic purpose of this SOCIETY is to improve the qualifications and usefulness of hospital pharmacists and to increase the dissemination of pharmaceutical knowledge by providing for the interchange of information. I sincerely believe that the SOCIETY has just started to grow and I can see no limits to the potential membership that will come from the tremendous hospital expansion program which I have mentioned. Certainly we should plan on a membership of at least 5,000 by 1962.

We must also intensify our efforts to obtain new affiliated groups. The formation of affiliated groups is tremendously important for it is through the local group that the individual member receives the most benefit. Strong local groups invariably raise the standards of practice in their locality and when this takes place throughout the country, we can be assured of a potent national group. I think the SOCIETY can well profit by following the pattern used by the Southeastern Society of Hospital Pharmacists, which is our largest regional group. In recent years, they have encouraged and fostered the formation of numerous local and state groups which are now affiliated with the SOCIETY. The North Carolina and Georgia groups are the results of their most recent efforts. Such an organizational pattern, consistently pursued, would result in a network of affiliated groups throughout the country and would bring us nearer to our goal of 100 percent membership.

Mr. Allen V. R. Beck will head the SOCIETY'S Committee on Membership and Organization during the coming year. It is anticipated that this committee will break all past records in obtaining new members for the SOCIETY.

Committee Activities

The results of group thinking and work has been reflected in the numerous projects which have been undertaken during the last year by local and state groups and which are being coordinated at the national level by the Committee in Special Projects which is headed by Mrs. Evlyn Gray Scott. Since the Projects Committee was established by President Frazier and is still in a state of development, I have asked Mrs. Scott to continue for another year. I urge the members of the House of Delegates to take home the ideas which will be presented at this meeting and to encourage your groups to carry on with the projects now under way and to initiate additional projects whenever possible.

Should we attempt to list hospital pharmacy's outstanding achievements of the past decade, I feel quite certain that the establishment of the *Minimum Standard for Pharmacies in Hospitals* and the Minimum Standard for Pharmacy Internships in Hospitals would rank high on the list. The *Minimum Standard for Pharmacies in Hospitals* states precisely the objectives of the SOCIETY and leaves no room for doubt as to what the SOCIETY believes constitutes acceptable hospital practice. The Minimum Standard for Pharmacy Internships in Hospitals sets forth a program which insures training satisfactory to the hospital, the profession, and the trainee.

Implementation of the Standards, because of their very nature must be a long range educational process, and for this reason the Division of Hospital Pharmacy was requested to undertake this task. Since the entire future of hospital pharmacy may well depend upon an adequate supply of well trained hospital pharmacists, I therefore recommend that the Division of Hospital Pharmacy be requested to proceed with the implementation of the Minimum Standards for Pharmacy Internships in Hospitals at the earliest possible date and that some type of inspection of the pharmacy facilities of hospitals offering pharmacy intern training be provided.

Heading the Committee on Minimum Standards for the coming year will be Sister Mary Berenice.

With the Minimum Standards established and the problem of implementation referred to the Division of Hospital Pharmacy, this appears to be a logical time for the Committee on Minimum Standards to again assume the educational duties as provided by the Constitution and By-Laws thus eliminating the need for the reappointment of the Special Committee on Education.

Public relations is an area in which the SOCIETY can accomplish much for hospital pharmacy and perform a distinct service to individual hospital pharmacists. The SOCIETY'S public relations program must be broad and include the professions, the hospital family, the various branches of pharmacy and the lay public. To date, our public relations program has been carried out conservatively and at times with timidity. Many approaches are possible to carry out a carefully planned aggressive public relations program without brand-

ing the SOCIETY as a pressure group. Repeated advances in the past decade have made all of us feel that we are indeed fortunate to be identified as hospital pharmacists and particularly proud to be members of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS.

We can look to the SOCIETY and to the Division of Hospital Pharmacy to provide the public relations program on the national level, however, the affiliated groups and individual hospital pharmacists must take the initiative on the local level. I urge all of you to accept invitations to speak before administrative groups, medical staff meetings, nursing conferences, and retail pharmacy groups. The importance of the lay groups such as church groups, student groups and luncheon clubs should not be overlooked.

It has long been suggested that hospital pharmacists should prepare at least one paper each year for publication in a national hospital or pharmacy journal. Again, I urge each of you to prepare articles on carefully selected subjects for publication in the hospital journals which are widely read by the hospital family, particularly the administrative groups.

Heading the SOCIETY's Committee on Program and Public Relations for this year will be Mr. Paul G. Bjerke.

The phenomenal growth of the SOCIETY becomes evident when we realize that much of the time and effort during the past ten years was contributed on a voluntary basis. Day by day, or week by week it is difficult to realize how much the pace is accelerating. The SOCIETY with over two thousand members, can not hope or expect to operate efficiently, even with the many routine tasks performed by the Division of Hospital Pharmacy, without the aid of full-time personnel to coordinate and direct the volunteer help and to initiate new projects in keeping with the wishes of the membership. We can not afford to trust to luck the development of an organizational structure which will serve our needs and preserve the democratic spirit and procedures so characteristic of the SOCIETY since its inception. The time has come when we must give thought to the need for a full-time personnel, particularly a full time executive secretary.

Additional evidence that the first ten years of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS have been packed with action is the vast amount of records which have accumulated and are housed in the Division offices at the A.Ph.A. Headquarters. These records, some of which go back before the founding of the SOCIETY, include the many reports of the officers and committees, vast quantities of correspondence, and other documents. Some of this material has historical significance and should be preserved for future generations and some, perhaps the vast majority is useless and should be discarded in the interest of economy. There is growing awareness of the importance of hospital pharmacy within the profession of pharmacy and I feel that we should set up some system by which the SOCIETY's correspondence, records and other documents of a historical nature will be preserved. Acting on the suggestion of our secretary, Miss Niemeyer. I am appointing a special committee to study this problem and to make recommendations to guide us in years to come. Mr. Alex Berman will act as chairman of this committee.

Among the many organizations that do so much for pharmacy and in turn for hospital pharmacy which deserve our active support as individuals, is the American Institute of the History of Pharmacy. The Institute, like the SOCIETY, is a young organization and celebrated its Decennial only last year. As you know, the Institute is under the direction of our good friend Dr. George Urdang and does not in any way duplicate other organizations. Information concerning individual membership in the American Institute of the History of Pharmacy is available from the Institute's Secretary, Mr. Glenn Sonnendecker.

During the recent years the Special Committee on Narcotic Regulations has worked closely with the Division of Hospital Pharmacy and has met with representatives of the Federal Bureau of Narcotics in an affort to work out the many problems involved in the control of narcotic drugs in hospitals. The work this year has been of such a nature that considerable time would be lost if a completely new committee were appointed. For this reason and to avoid any delay due to reorganization of the Committee's work, I have asked the present committee to serve for another year and Mr. Trygstad to continue as chairman of this group.

The SOCIETY has four representatives on the Policy Committee of the Division of Hospital Pharmacy. These include the president of the ASHP, the editor of THE BULLETIN and two members appointed by the president. I have asked Mr. Walter M. Frazier and Dr. W. Arthur Purdum to serve as appointed members to this important group.

Additional committee appointments will be made during the final session of our meeting on Friday afternoon.

Among the projects which I should like to see the SOCIETY sponsor is a series of regional meetings. While it is true that we have Institutes and Annual Meetings, such as the one now in progress, less than ten percent of our membership attends these functions. There is a definite need for the SOCIETY to bring brief and informative programs to the practicing hospital pharmacist. One way to do this is by sponsoring a series of one or two day seminars. Pharmacists in the area could attend these sessions with a minimum of time away from work and without extensive travel.

There is also a need for a plan whereby affiliated groups would be visited sometime during each year by a member of the Executive Committee. If possible, this plan should be extended to include those groups in the formative stages which would like to have the assistance of the SOCIETY in organizing local chapters.

The SOCIETY must continue to provide representation for the hospital pharmacist of this country at home and abroad. International hospital pharmacy organizations are still in the embryonic stage; however, their success has long range significance. We must make our contribution to this effort in the same spirit and with the same enthusiasm that has made the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS unique among the progressive organizations of this country. I recommend that the SOCIETY take an active part in international hospital pharmacy affairs and that whenever possible, we be officially represented at international hospital pharmacy meetings by a delegate appointed by the Executive Committee.

Since its inception to the present day the SOCIETY has been plagued by financial worries. In the entire history of this phenomenal organization we have never had a surplus or a reserve fund to take care of emergencies or the lean years, which according to well known economic cycles, are bound to occur. In fact, only in recent years have we had sufficient funds to enable us to hold an Executive Committee meeting between the annual meetings of the SOCIETY. Ten years ago the annual dues of this SOCIETY were set at three dollars. Today, the dues of the SOCIETY are still three dollars but the purchasing power of three dollars, based on the retail food price index, is only approximately fifty percent of the same three dollars, ten years ago. Perhaps in these days of deficit financing, I may appear to be an alarmist, however, I feel strongly that if we are to continue to grow and prosper, it must be on a sound financial basis. I recommend that this group take the necessary action to increase the dues in keeping with the needs of the SOCIETY.

Great strides have been made and the probationary period is over. As we look ahead we have a great responsibility and an unparalleled opportunity to chart an ever better future for hospital pharmacy. We can experiment but we must not confuse experimentation with final action.

2 DIVISION OF HOSPITAL PHARMACY

OF THE AMERICAN PHARMACEUTICAL ASSOCIATION AND THE AMERICAN SOCIETY OF HOSPITAL PHARMACISTS

Report of the Chairman of The Policy Committee

ROBERT P. FISCHELIS, *Chairman*

For the Association year ending with this convention, the Policy Committee of the Division of Hospital Pharmacy included Walter Frazier, Don E. Francke, I. Thomas Reamer and Herbert Flack, representing the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS; Robert P. Fischelis and Glenn L. Jenkins, representing the American Pharmaceutical Association; Sister Mary Adelaide of the Catholic Hospital Association; and Robert Cadmus representing the American Hospital Association.

The work of the Division is so well organized that few matters of routine nature come to the attention of the Policy Committee. However, there is so much of great importance going on in the hospital field which is bound to affect pharmacists and pharmaceutical service in hospitals that the members of the Committee consider it one of their principal duties to think in terms of pharmacy whenever a new project is announced in any phase of hospital activity.

It is fortunate that we have on the Committee two hospital administrators as well informed as Dr. Cadmus and Sister Mary Adelaide. They have balanced the thinking of the pharmacist members of the Committee so that decisions which have been made with respect to policy have been broadly conceived and have found general acceptance.

The Policy Committee met on November 24, 1951 and a summary of the matters considered and actions taken was published in THE BULLETIN. It may be well to allude briefly to some of the topics which were discussed, since this will give the members of the SOCIETY an idea of the extent of the ground that must be covered in attempting to lay down a program for the Division.

Minimum Standards

Continued attention was given to the proper interpretation and promulgation of the *Minimum Standard for Pharmacies in Hospitals.* We must compliment the Catholic Hospital Association group, which is dealing with the Minimum Standard, for the constructive way in which they have approached the application of these standards.

If we can make as satisfactory progress in having these standards integrated with the general hospital accreditation program, pharmacy should be well served.

There are many agencies and private industries who now manifest a deep interest in the future of hospital pharmacy. The Policy Committee considers it important to evaluate the relative priority which should be given to the consideration of suggestions and recommendations emanating from these sources.

Likewise, the Committee must give judicial consideration to the claims favoring one or another form of hospital pharmacy internship as it is now taking shape. Economic considerations, curricular advantages, teaching facilities and personnel are all factors in the development of the Minimum Standard for Internships in Hospital Pharmacy. If we proceed as carefully in working out the factors which will determine the success of an internship standard as we did with the *Minimum Standard for Pharmacies in Hospitals,* we can look forward to an equally universal acceptance. However, we must bear in mind that in this particular program we are dealing with combinations of circumstances quite different from the physical and personnel standards. Not only are more interests involved in the internship program, but we are dealing here with college faculties, hospital administrators, pharmacy students, pharmacy graduates, university administrations and many pre-conceived and untested ideas. This is a large problem and it should have our best thought and most careful attention.

We should state in passing that evaluation of hospital pharmacy training should be in the hands of an agency which will inspire the confidence of all concerned. Its many ramifications become apparent when one approaches such agencies as the American Council on Pharmaceutical Education with the suggestion that it act as the accrediting agency for hospitals equipped to provide satisfactory internship training. The reaction was and is that the area over which accreditation is to be exercised has not been defined with sufficient clarity, and that much coordination and study is still necessary before accreditation can begin with any degree of adequacy or fairness.

Development of Surveys

Cooperation in the development of various types of surveys has had the attention of the Committee in a number of connections. You are familiar with the attempted survey of hospital pharmacy facilities which was under consideration in cooperation with the Public Health Service. Hospital administrators have become extremely allergic to surveys of all kinds, especially to those requiring replies to questionnaires.

After very extended discussion in the Policy Committee, it was decided not to press this Survey nor to risk a series of studies on the quality and cost of pharmacy services in hospitals without the blessing of the hospital associations; nevertheless, the Policy Committee considers it essential that sometime in the near future, perhaps in connection with the hospital accreditation program or with some other authorized broad survey, information be developed which would bring out:

1. The existing functions of pharmacies in a representative group of hospitals.
2. Variations in costs of existing functions of pharmacies in hospitals.
3. The fundamentals of good pharmacy service in hospitals.
4. The costs of minimum pharmacy service programs in hospitals.

From such information it may be possible to synthesize a program of pharmacy service to meet specific hospital requirements in a variety of institutions and under a variety of external and internal conditions. It might also be possible from such data to determine how the costs of an adequate pharmacy program for specific hospital services would be met.

That such factual data and attempts at meeting new conditions are very essential is emphasized by the recent agitation against alleged hospital policies which place the hospital in competition with private professional practice, not only in pharmacy but in other categories of medical care services.

Among other matters considered by the Policy Committee were seminars for teachers of hospital pharmacy. The Committee felt that courses in hospital pharmacy have not been developed well enough to request funds for a teachers' seminar on this subject from the American Foundation for Pharmaceutical Education. However, it was considered advisable to ask the Foundation for funds to send teachers of pharmacy to the hospital pharmacy institutes so that they might absorb some of the atmosphere and information generated in these institutes which are charged with an enthusiasm for hospital pharmacy that cannot be duplicated anywhere.

Much of the detail of the Division's activities as reported by the director reflects the advice and considerate viewpoint of the Policy Committee members. A meeting of the Committee will be held this fall and the resolutions passed by the SOCIETY here in Philadelphia as well as the actions of the American Hospital Association and the other professional associations in our field will be reviewed.

It is only by keeping well informed on the actions taken by hospital groups and an awareness of the basis for such actions that the Policy Committee is enabled to function wisely.

We wust never falter in our enthusiasm for pharmacy and pharmaceutical service in hospitals, but we must also remember that every branch of medical care and health service is just as enthusiastic about its activities as we are about ours. Somewhere along the line all those who contribute to good hospital care must bear in mind that it is team work that has brought hospital service to its present high state of efficiency and pharmacists and pharmaceutical organizations are members of the team.

Tribute To ASHP

The Policy Committee in company with other groups wishes to pay high tribute to the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS on this Decennial celebration of the founding of the SOCIETY. If the progress you have made in the past year is any criterion of the future it may well be said that the founders have "builded better than they knew."

Report of the Director of the Division of Hospital Pharmacy

DON E. FRANCKE, *Director*

This decennial anniversary of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS also marks the completion of the quintennial of the Division of Hospital Pharmacy. During this five year period, the position of director of the Division has been held by Dr. Robert P. Fischelis, Secretary of the A.Ph.A., for slightly more than two years; while Don E. Francke has served as director for approximately three years. Throughout this entire period Gloria Niemeyer has served as assistant director of the Division and I wish to commend her upon the high quality of her work, her devotion to hospital pharmacy, her cooperation and her initiative. It is well to point out as a matter of record that Miss Niemeyer also serves as secretary of the SOCIETY as well as associate editor of THE BULLETIN.

The Division of Hospital Pharmacy, as an organizational unit of the American Pharmaceutical Association, is under the general supervision of Dr. Robert P. Fischelis, secretary and general manager of the A.Ph.A. The director of the Division devotes as great a portion of his available time as possible to Division activities. In addition to Miss Niemeyer our Washington office has one full time person, Mrs. Virginia Dean, working on Division activities. They have been responsible for carrying out special projects, coordination of Division and SOCIETY activities, general information and membership work in the ASHP, certain portions of THE BULLETIN, including advertising and editorial work, placement service and routine requests in connection with hospital pharmacy.

Policy Committee Activities

As in past years, the Division of Hospital Pharmacy has relied on the members of the Policy Committee in outlining the activities as well as establishing policy. Dr. Robert P. Fischelis will report to you on this phase of our activity in his capacity as chairman of the Policy Committee.

Society Activities

The Division of Hospital Pharmacy with its administrative unit at A.Ph.A. Headquarters has continued to cooperate to the fullest extent in carrying out the agreement between the A.Ph.A. and the ASHP. The range of activities concern nearly all phases of hospital pharmacy including special services to the SOCIETY and its membership. In addition to purely Division activities, contributions have been made in connection with THE BULLETIN, membership work, and in supplying services to the office of the ASHP secretary.

Although this part of the Society's work has continued about the same as in the year previous, here too, we must note the increase in SOCIETY activities which in turn gives an impetus to Division activities. With an increase in SOCIETY membership of more than twenty percent since the last convention, and continued improvement and enlargement of THE BULLETIN, we are faced with increased activity in the day-to-day routine. Fortunately, the Division staff along with the total staff at A.Ph.A. headquarters have been able to take care of this during the past year. It might also be mentioned here that every effort has been made to cooperate with SOCIETY Committees in carrying out their work. During the past year, a great part of the campaigns for new members of the SOCIETY as well as the A.Ph.A. has been handled by Mrs. Jane Rogan, chairman of the SOCIETY's Committee on Membership and Organization. She and her committee have done an outstanding job which contributes much both to the A.Ph.A. and to the ASHP. Of course, the Division has contacted many prospective members noted in daily correspondence, membership lists from local chapters and personal contacts.

Proposed Survey of Hospital Pharmacy

A few years ago the Hospital Facilities Division of the Public Health Service submitted a proposed survey of hospital pharmacy to the Division for study and approval. It has been felt for some time that a survey is necessary in order to know the status of the practice of hospital pharmacy in the country and the Policy Committee has worked toward making this possible. In 1949 the questionnaire was carefully reviewed by members of the Policy Committee and it was the opinion of the group that it was too long and detailed. As a result, the questionnaire was revised, basing it on the six sections of the Minimum Standard. However, for various reasons, the survey as planned has not been carried out.

At the meeting of the Policy Committee in November, 1951, one of the general policies formulated was that a survey should be the first step in the development of information on current hospital pharmacy practice, and it was agreed that we should proceed. Accordingly the survey was reviewed in the Division office and worked out in a satisfactory form for this type of questionnaire. To do this, the various factors

of the questionnaire were condensed to the extent possible and adapted to the Keysort System. The latter was used because this would be a relatively small survey and therefore less expensive than the IBM method. Investigation was also made concerning the cost of conducting such a survey.

The Public Health Service was contacted to determine if any assistance could now be given on this project as was originally planned. However, due to the increasing amount of work in connection with civil defense, it was learned that the P.H.S. could not cooperate in conducting the survey at this time.

Since the various representatives of the American Hospital Association on the Policy Committee had shown considerable interest in this project, it was presented to Dr. Robert Cadmus, the A.H.A.'s representative. He in turn presented it to the Council on Professional Practice of the A.H.A. According to a letter from Dr. Cadmus dated May 26, 1952, representatives of the American Hospital Association generally believe that the questionnaire as presented, goes into too much detail and therefore would probably not yield the desired results. Further action has not yet been taken, but it is hoped that we can proceed very soon with some type of survey which would give the basic information needed to further develop services to hospital pharmacists and to hospitals.

In line with this, the Division of Hospital Pharmacy gave financial assistance to a pilot survey of hospital pharmacies based on the Minimum Standard. This was conducted by one of the interns in hospital pharmacy at the University of Michigan Hospital and the results will serve as a basis for working out future surveys of this type.

Also during the year, one of the pharmaceutical firms offered its services in carrying out a cost study of functions and operations in hospital pharmacy. This proposal was considered carefully by the Policy Committee and as outlined in the statement of policy, it was agreed that surveys on specific items such as costs, extent of service, etc., should be subordinated for the present and emphasis be placed on the proposed survey based on the Minimum Standard.

Education and Cooperation with Schools

In accordance with recommendations from the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS, the Division has made every effort to make available to schools offering courses in hospital pharmacy the necessary guidance material, including the Proposed Syllabus for the Course in Hospital Pharmacy Administration, the slides for teaching purposes and reprints of the floor plans, the Minimum Standard, and equipment list. As recommended at your last meeting the Proposed Syllabus was sent to the dean of each college of pharmacy asking that he refer it to the person in charge of the course in hospital pharmacy. Comments have been received and these have been referred to the chairman of the SOCIETY's Committee on Education and he will undoubtedly report to you on this.

The slides which have been made available for teaching purposes have been used on a number of occasions during the year by colleges of pharmacy as well as at hospital pharmacists' meetings. It is hoped that this project can be further developed and improved in the future. Also, a complete list of the slides available will be published in the forthcoming issue of THE BULLETIN so that those interested may take advantage of this service. Helpful suggestions have been received from those who have used the slides.

The Division has received numerous requests from colleges of pharmacy and from students interested in hospital pharmacy, all of which have been given consideration and help has been offered whenever possible.

As education in hospital pharmacy develops further, it is hoped that through the Division and the SOCIETY, the basic needs for teachers in this specialty can be ascertained, and some provision made for meeting these needs.

Also to be included under Education is consideration by the Policy Committee of providing a series of lectures on Prescription Writing. The need for such is evident and it was suggested that the SOCIETY's Committee on Education be asked to take the initiative in developing a series of lectures to be given as part of the hospital's educational program, working through the Intern Committee or the Pharmacy and Therapeutics Committee or both.

Institutes on Hospital Pharmacy

The A.Ph.A. and ASHP again cooperated in sponsoring two Institutes on Hospital Pharmacy. The Catholic Hospital Association held its annual Institute in Cleveland, May 24-28. An outstanding program was arranged by the C.H.A.'s Committee on Pharmacy and representatives of the Division as well as the ASHP president were present. Those who are responsible for these institutes, designed especially for the Sister Pharmacists, are to be commended. By offering this additional meeting each year, more and more hospital pharmacists are given the opportunity to attend an institute.

The organizations in the United States joined with the Canadian Society of Hospital Pharmacists for the annual Institute sponsored by the American Hospital Association, the A.Ph.A. and the ASHP. Walter Frazier, president of the SOCIETY, along with representatives from the various sponsoring groups were responsible for the program held at University of Toronto during the week of June 23. The meeting met with unusual success with approximately 160 attendees and because of the unprecedented interest, more than sixty applicants had to be turned down. It is regrettable that this was necessary; on the other hand, it is encouraging to note increased interest in the institutes each year. On the recommendation of the Executive Committee of the SOCIETY, we have sent a letter to each member whose application for the 1952 institute was not accepted, explaining the reasons it was not possible to accept all applicants.

It might be emphasized here that the American Hospital Association handles all applications and we have been assured that these are accepted in the order received. This year the quota of 150 was filled several weeks before the Institute opened, and it was impossible to obtain additional facilities.

Announcement has been made that the 1953 Institute will be held in Los Angeles during the week of August 23. This is the week following the A.Ph.A. convention which is scheduled for Salt Lake City, Utah. Mr. Grover Bowles, president-elect of the SOCIETY will serve as chairman of the planning committee.

Proposed Standard for Internships

The AMERICAN SOCIETY OF HOSPITAL PHARMACISTS approved the Proposed Minimum Standard for Pharmacy Internships in Hospitals along with the Guide to its Application at the 1951 meeting. It was subsequently referred to the Division of Hospital Pharmacy for further consideration at a meeting of the Policy Committee in November, 1951. It was then agreed that the American Council on Pharmaceutical Education should be requested to review the Standard with a view toward establishing an accreditation program for academic and non-academic internships. Accordingly, Dr. Fischelis as chairman of the Policy Committee referred the Standard to the Council, and it was given consideration at a meeting on May 30. It was the consensus of the group that at the present stage the problem of accreditation of pharmacy internships on the graduate level properly belongs to the Colleges and the Division of Hospital Pharmacy. The Council did express interest in the development of these programs and at a later date may con-

sider accreditation elements in the general problem of instruction in hospital pharmacy.

It was also agreed by members of the Policy Committee that the Minimum Standard for Pharmacy Internships in Hospitals and the Guide should be sent to every institution now offering an internship program for comment before final acceptance. This was done in March of this year through the Division, and a number of comments have been received. These will be compiled and presented to the Policy Committee for consideration at the first meeting. Also, the Proposed Standard has been in the hands of the members of the Committee for study.

Contacts with Hospital Administrators

Following publication of the Tentative Draft of An Outline For Teaching Students In Hospital Administration, a copy was sent to the director of each of the Courses in Hospital Administration in the country, suggesting that the outline be used and requesting comments. Also the directors of the courses in hospital administration are receiving THE BULLETIN regularly.

During the year, various types of requests have come to the Division from hospital administrators ranging from those wanting pharmacists, to information on hospital formularies, floor plans, and requests for consultant services. All of these requests have been filled in accordance with the facilities available. In one instance the Division was asked to provide a consultant for a hospital, the administrator of which was interested in improving its pharmaceutical services. For this, we were fortunate to be able to call upon one of the SOCIETY'S members, Mr. Grover C. Bowles who gave considerable time to the project and reported back to the Division. As the need arises, it is hoped that further services along this line can be developed.

Because of the many requests for information on hospital formularies and the Pharmacy and Therapeutics Committee, an attempt was made to prepare a set of reprints on these subjects which would be helpful. A master set has been used extensively on loan and we hope to make available in the near future a complete set of reprints on this subject which will be supplied to the schools of hospital administration as well as pharmacists.

Placement Service

The placement service which has been a Division activity for several years now, has been maintained about as usual. We continue to have more requests from both pharmacists and hospital administrators and services have been given in both directions. By coordinating this with the column in THE BULLETIN, it seems to serve a worthwhile purpose. A service of this type requires considerable correspondence which is handled through the Division office, but it serves not only in placing people, but also in interesting hospital pharmacists in the benefits of membership. A number of individuals have been placed and have expressed appreciation for this service.

Exhibits at Hospital Meetings

Continued efforts have been made to have an exhibit at the national hospital meetings and to make literature available for any meeting where pharmacists might feel it advantageous. The Division exhibit which is based on the Minimum Standard was shown at the convention of the American Hospital Association in St. Louis in September, 1951 and at the Catholic Hospital Association's convention in Cleveland in 1952. In both cases, this was made possible by the local hospital pharmacists working in cooperation with the Division. In St. Louis we were fortunate to have the Hospital Pharmacists' Association of Greater St. Louis and in Cleveland, the Cleveland Society of Hospital Pharmacists.

The Centennial exhibit of the A.Ph.A. will be used at the September (1952) meeting of the American Hospital Association, which is being held in Philadelphia.

The Model Hospital Pharmacy which was made available by the Hospital Facilities Division of the Public Health Service has again been utilized, having been sent to a number of meetings throughout the country during the past year.

From time to time there seems to be a need for additional exhibit material which can be made available for local and regional hospital meetings. However, the expense of shipping and maintaining exhibits has made it impossible to always meet these needs.

Cooperation with Allied Organizations

The Division continues to function as a liaison between pharmacy and the various government agencies and hospital organizations. It is fortunate that we have been able to cooperate with the American Hospital and the Catholic Hospital Associations in promoting the annual Institutes and this in turn provides basis for further cooperation on several projects.

The work of the Catholic Hospital Association's Committee on Pharmacy in connection with the Proposed Point Rating System based on the Minimum Standard, has been noted with interest. Mr. M. R. Kneifl, executive secretary of the C.H.A. and the Committee are to be commended for the basic work which has been done in this direction.

One of the decisions of the Division's Policy Committee was to work toward preparing a Manual on Hospital Pharmacy Operations, this to be done in cooperation with the American Hospital Association. This is being investigated and it is hoped that basic work on a Manual can be started this year.

We can also report that the American Pharmaceutical Association has become an institutional member of the American Hospital Association. This we hope will bring us in closer contact with A.H.A. activities.

During the past year the book entitled *Job Descriptions and Organizational Analysis for Hospitals and Related Services* was published by the United States Employment Service in cooperation with the A.H.A. The section on Pharmacy which was prepared with the assistance of the Division, has now been reprinted in THE BULLETIN so that it will be available to all hospital pharmacists.

At the request of the A.H.A.'s Committee on Financing of Hospital Care, information concerning the activities of the Division, the Society, and the A.Ph.A. was forwarded, and it is hoped that pharmacy, particularly the cost of drugs, will play an important part in the study.

Only recently, the Hospital Facilities Division of the Public Health Service has made a compilation of reprints available which will be of great help to pharmacists and administrators concerned with planning and remodeling pharmacy departments. The Division has given full cooperation to such projects although the basic work has been accomplished by the P.H.S. as part of the general program under the Hospital Survey and Construction Act.

There have been some questions raised in regard to approval of the Minimum Standard by the new Joint Commission on Accreditation. It is our understanding that activities of the Commission will begin September 1, and although preliminary contacts have been made, we expect to be in touch with the Commission regarding approval of the *Minimum Standard for Pharmacies in Hospitals.*

Representatives of the Division have also attended national, sectional and state meetings of the hospital associations when possible. During the past year either the director, the assistant director or the chairman of the policy committee was present at ten different meetings including the Institutes.

Future Activities

There are numerous projects for the Division of Hospital Pharmacy to work on during the coming years. First, we must complete the Survey of Hospital

Pharmacy which was started several years ago. When the Joint Commission on Accreditation begins its work next month this will open many new possibilities for us to carry forward our Minimum Standard for Pharmacies in Hospitals as well as our Minimum Standard for Pharmacy Internships in Hospitals. In addition, the American Hospital Association has approved in principle the establishment of an Institute of Hospital Affairs which will be a research and educational institute to study all phases of hospital management and service. Undoubtedly, research and education, as well as other aspects of hospital pharmacy service, will be one of the important functions of this Institute on Hospital Affairs. The Division of Hospital Pharmacy must be prepared to play a cooperative role in this progressive enterprise.

The Division must also undertake other projects such as the preparation of a Manual on Hospital Pharmacy Operations in cooperation with the American Hospital Association, help develop a Pharmacy Section of a Model Hospital Licensing Law, work with the ASHP Committee on Narcotic Regulations on proposed changes in narcotic regulations, study the status of hospital pharmacy in relation to clinic pharmacies, and continue its contacts with hospital administrators. We must also continue to expand the membership of the SOCIETY and the number of affiliated chapters in cooperation with the ASHP.

When contemplating future activities we must recognize that the work of the Division, the SOCIETY, and THE BULLETIN are closely interwoven. Furthermore we must appreciate the changes which have occured particularly in the SOCIETY and THE BULLETIN during the five years the Division has been in existence. Within this period both the membership of the SOCIETY and number of its affiliated chapters have almost doubled. The number of committees as well as their activities has increased greatly. More and more projects are referred by the SOCIETY to the Division for implementation. The publication of THE BULLETIN becomes increasingly a greater responsibility and of course, all of these activities, not to mention the numerous special projects of the Division, place increased responsibilities upon the Division staff. I mention these matters not as a complaint, but only to call them to your attention. In fact the great increase in activities in the Division office is to be commended because it emphasizes not only the need but also the value of this organizational unit. Nevertheless, some consideration should be given to means of supplementing our present personnel in order to carry forward the proposed projects and activities which have developed since the Division was established five years ago, and which are bound to increase in the near future. It is unrealistic to expect the greatly increased activities to be handled by the same number of people as were in the Division office when the program was initiated. From time to time it has been recommended that the SOCIETY place its secretary on a full time basis which would allow this person to devote her full energies to the affairs of the SOCIETY and of THE BULLETIN. The time is at hand when this recommendation should be given full consideration; however, simultaneously keeping in mind the total needs of the activities of the Division of Hospital Pharmacy.

3 CONSTITUTION AND BY-LAWS

Constitution

AS REVISED 1952

Article I. Name, Objectives and Definitions

Section 1. This SOCIETY shall be known as "The American Society of Hospital Pharmacists."

Section 2. The objectives of the SOCIETY shall be: (a) to provide the benefits and protection of a hospital pharmacist to the patient, to the institution which he serves, to the members of the allied health professions with whom he is associated, and to the profession of pharmacy, which they will receive through the skill and art of qualified hospital pharmacists; (b) to improve the qualifications and usefulness of hospital pharmacists through high standards of professional ethics, education, and attainments; (c) to assist in providing for a future adequate supply of such qualified hospital pharmacists; (d) to promote research in hospital pharmacy practices and in pharmaceutical problems in general; (e) to increase the dissemination of pharmaceutical knowledge by providing for interchange of information.

Section 3. A hospital pharmacist shall be defined as any legally qualified pharmacist currently practicing the art and science of pharmacy in a hospital or clinic, or actively engaged in the administration, planning, or supervision of pharmaceutical procedures in hospitals or clinics.

Article II. Membership

The membership of the SOCIETY shall consist of active, associate and honorary members as provided in Chapter V of the By-Laws.

Article III. Officers

The officers of this SOCIETY shall be a President, a Vice-President, a Secretary, and a Treasurer. They shall be elected annually for a term of one year as provided in the By-Laws. The President and Vice-President shall hold office for not more than two consecutive terms.

Article IV. Affiliated Chapters

A local or regional group of hospital pharmacists numbering ten or more active members of the SOCIETY and meeting the requirements for affiliation as outlined in Chapter IX, Article 1, of the By-Laws may become an affiliated chapter of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS upon approval of the Executive Committee of the SOCIETY.

Article V. Amendments

Every proposition to alter or amend this Constitution shall be submitted in writing by two active members at the first session of the annual meeting of the SOCIETY, and shall be approved by a plurality of the active membership in attendance at this session. It shall then be submitted to the entire active membership for vote by mail ballot, in the same manner as in the balloting for officers, Chapter I, Articles 2 and 3 of the By-Laws, and shall be sent out as a part of the ballot for officers. Should an amendment to the Constitution not be approved by a plurality vote at the annual meeting, it may then be referred to the active membership by mail ballot, on the request of ten active members.

By-Laws

Chapter I. Election of Officers

Article 1. NOMINATION OF PRESIDENT, VICE-PRESIDENT, and TREASURER. At the first session of each annual meeting of the SOCIETY, the President shall appoint a Committee of three members who shall nominate two candidates for each of the following offices: President, Vice-President, and Treasurer. The Committee shall present its nominations at the final session of the annual meeting, at which time additional nominations may be made from the floor.

Article 2. BALLOTS. The names of the candidates together with a brief review of their professional backgrounds shall be submitted by the Secretary by mail to every active member of the SOCIETY within two months after their nomination. The member shall indicate on the ballot his choice of candidates for the offices to be filled and returned the same by mail within 30 days of the date printed on the ballot.

Article 3. COUNTING OF BALLOTS. The ballots of the dues-paid members only, postmarked within 30 days of the date printed on the ballot are to be submitted by the Secretary to the Board of Canvassers, who shall count the votes. The Board of Canvassers shall certify to the President and the Secretary the results of the election. The Secretary shall notify all candidates of the results of the election and the results of the election shall also be published in THE BULLETIN of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS.

Article 4. INSTALLATION OF OFFICERS. The officers thus elected by a plurality of votes, together with the Secretary elected as hereinafter provided, shall be installed at the final session of the annual meeting of the SOCIETY following their election.

Article 5. ELECTION OF SECRETARY. The Secretary of the SOCIETY shall be nominated by the Executive Committee and elected annually by the House of Delegates of the SOCIETY.

Chapter II. Duties of Officers

Article 1. PRESIDENT AND VICE-PRESIDENT. The President, or in his absence, the Vice-president, shall preside at all meetings. He shall have the usual administrative powers of his office, except as otherwise provided. He shall appoint all committees not otherwise provided for and shall be ex-officio member of all committees. He shall appoint the Board of Canvassers which shall consist of at least three active members of the SOCIETY. He shall, with approval of the Executive Committee, direct the activities and determine the policies of the SOCIETY. He shall cooperate with the activities of the Division of Hospital Pharmacy of the American Pharmaceutical Association and the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS. working closely with the Director of the Division. He shall attempt to meet with each of the several affiliated chapters of the SOCIETY. He shall prepare a President's address to be presented at the first session of the annual meeting of the SOCIETY following his installation. He shall preside over the House of Delegates.

Article 2. SECRETARY. The Secretary shall keep minutes of the sessions of the SOCIETY and maintain a roster of its members. He shall notify individuals of their appointment to committees, notify members of the time and place of all meetings, and conduct the correspondence of the SOCIETY. He shall collect the dues of the members. The Secretary shall prepare and mail to all eligible voting members appropriate ballot forms for the annual voting of the SOCIETY. He shall be an ex-officio member of all standing committees. He shall assist, where possible, with the secretarial activities of all standing and special committees. He shall keep the President informed of all activities by forwarding to him copies of pertinent correspondence. He shall present a written report of his work to the annual meeting of the SOCIETY. The Secretary shall be secretary of the House of Delegates.

Article 3. TREASURER. The Treasurer shall establish a bank account in the name of the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS to receive, disburse, and account for all monies received from membership dues. He shall disburse them at the direction of the Finance Committee. The Treasurer shall have the account audited and shall prepare a statement of finances for the annual meeting. He shall direct the transfer of this account to his successor in office immediately following the annual meeting.

Chapter III. Executive Committee

The Executive Committee shall consist of the officers of the SOCIETY, the chairman of each standing committee, the President-Elect, and the Past-President of the SOCIETY. It shall meet on the call of the President of the SOCIETY, and shall be empowered to act for the SOCIETY during the period between annual meetings.

Chapter IV. Accomplishment of Objectives

The objectives of the SOCIETY as outlined in Article I, Section 2 of the Constitution shall be accomplished by: (a) establishing, implementing, and revising the Minimum Standard for Pharmacies in Hospitals; (b) working with the medical profession, in extending the rational use of medicaments; (c) acting as a clearing house for problems and challenges confronting hospital pharmacy; (d) maintaining proper liaison between pharmacists in hospitals, those engaged in general pharmaceutical practice, and those associated with the allied health professions; (e) developing and making available to the accredited colleges of pharmacy a course outline to serve as a guide for an undergraduate course in hospital pharmacy; (f) providing a standardized hospital training for graduates of accredited colleges of pharmacy through establishing, implementing and revising the Minimum Standard for Pharmacy Internships in Hospitals: (g) through active cooperation with the Division of Hospital Pharmacy of the American Pharmaceutical Association and the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS.

Chapter V. Membership

Article 1. MEMBERS. The membership of the SOCIETY shall consist of individuals interested in the objectives of the SOCIETY.

(a) ACTIVE MEMBERS. Active members shall be hospital pharmacists as defined in Article I, Section 3 of the Constitution, who are members of the American Pharmaceutical Association.

(b) HONORARY MEMBERS. Honorary members may be elected from among individuals who are or have been especially interested in, or who have made outstanding contributions to hospital pharmacy practice. Honorary members shall not pay dues nor shall they be eligible to vote or to hold office.

(c) ASSOCIATE MEMBERS. Associate members may be elected from among individuals other than hospital pharmacists who by their work in the health services, the teaching of prospective hospital pharmacists, or otherwise contributing to hospital pharmacy, make themselves eligible for membership. Associate members shall not be entitled to hold office or to vote. Associate members must be members of the American Pharmaceutical Association.

Article 2. DUES. Dues for active and associate members shall be five dollars ($5.00) per year, payable in advance.

Article 3. APPLICATIONS.

(a) ACTIVE MEMBERS. Applications for active membership shall be prepared on the standard form and forwarded to the Secretary of the SOCIETY. Dues should accompany the application as indicated in Chapter V, Article 2 of the By-Laws. Applicants shall be sponsored by at least one active member of the SOCIETY. The Secretary may approve all applications for membership, or when there is doubt as to qualifications of the applicant, he may require concurrence by the Membership and Organization Committee. When an active member so changes his vocation as to no

longer fit the definition for a hospital pharmacist, he shall automatically become an associate member with the rights and privileges of associate membership.

(b) HONORARY MEMBERS. Nominations for honorary membership shall be approved by unanimous vote of the Executive Committee and shall be presented for vote of the membership at an annual meeting.

(c) ASSOCIATE MEMBERS. In addition to the requirements for active membership as indicated in Chapter V, Article 3 of the By-Laws, applicants for associate membership shall be sponsored by at least two active members of the SOCIETY.

Article 4. PERIOD OF MEMBERSHIP. The period of membership shall coincide with the period of membership in the American Pharmaceutical Association. Dues are payable and due on the anniversary date of this period. Membership in the SOCIETY and the obligation for dues will continue from year to year unless a member's resignation, signed by the member, is received by the Secretary prior to the end of the year for which dues have been paid.

Any member in arrears for dues for one year shall cease to be a member of the SOCIETY, provided that at least two weeks before his name is removed from the rolls, the Secretary shall send him a written notice of his delinquency together with a copy of the By-Laws pertaining to the subject. Such a person may be reinstated as a member provided his arrears have been paid and payment of current membership dues is made.

Article 5. CERTIFICATE. All members will receive from the Secretary an appropriate certificate attesting to membership in the SOCIETY.

Chapter VI. Standing Committees

There shall be five standing committees of the SOCIETY; each consisting of three or more members appointed by the President of the SOCIETY with concurrence of the Past-President and other officers of the SOCIETY.

Article 1. PROGRAM AND PUBLIC RELATIONS COMMITTEE. The Program and Public Relations Committee shall assume responsibility for the program at the annual meeting of the SOCIETY; shall assist in the sponsoring of the programs for local, state, and national conventions of medical, dental, hospital, and pharmaceutical associations, working in conjunction with the program committees of the respective local and regional hospital pharmacy associations, and maintain a reservoir of suitable material representative of hospital pharmacy for display at these various conventions. Where possible it shall assist in the formulation of the program for the annual Institute on Hospital Pharmacy. It shall assist the Secretary of the SOCIETY in collecting and making available for publication, information on the activities of hospital pharmacists. It shall seek the cooperation of the Division of Hospital Pharmacy in these activities.

Article 2. MEMBERSHIP AND ORGANIZATION COMMITTEE. The Membership and Organization Committee shall seek desirable members. It shall develop such plans as may be found desirable to establish state, district, and local affiliated groups of hospital pharmacists. It shall seek the cooperation of the Division of Hospital Pharmacy in these activities.

Article 3. MINIMUM STANDARDS COMMITTEE. The Minimum Standards Committee shall propose the Minimum Standard for Pharmacies in Hospitals and the Minimum Standard for Pharmacy Internships in Hospitals. It shall also develop a syllabus for specialized hospital pharmacy courses. It shall obtain opinions of hospital pharmacy educational practices from those persons offering such training, and present an annual review of such practices as differ from the standards and that offer features desirable for other courses to incorporate. It shall review both the standards and the syllabus yearly in light of modern principles of hospital pharmacy practice and make necessary recommendations for revision. It shall seek the cooperation of the Division of Hospital Pharmacy in these activities.

Article 4. FINANCE COMMITTEE (A.S.H.P.) The Finance Committee shall consist of three members: The President, the Secretary, and the Treasurer, who may, without further action, pass on all expenditures. The Finance Committee shall prepare a budget for the succeeding year and submit it to the Executive Committee for approval.

Article 5. COMMITTEE ON PHARMACISTS IN GOVERNMENT SERVICE. The Committee on Pharmacists in Government Service shall assemble current information pertaining to problems affecting pharmacists in government service. Periodic review shall be made by the Committee of duties performed by hospital pharmacists in government service, for the purpose of recommending methods conducive to the improvement of hospital pharmacy service. The findings and recommendations of the Committee shall be transmitted to the Director of the Division of Hospital Pharmacy, who shall be responsible for obtaining evaluation of the findings and recommendations for the purpose of resolving and implementing them, either through the national Committee on the Status of Pharmacists in Government Service, or other indicated organizations.

Chapter VII. Special Committees

The President may appoint such special committees as he feels are required for the activities of his term of office, each consisting of three or more members appointed by him with concurrence of the Past-President and other officers of the SOCIETY.

Chapter VIII. House of Delegates

Article 1. MEMBERSHIP. The House of Delegates shall consist of the Executive Committee of the SOCIETY, the chairman of each Special Committee of the SOCIETY, voting delegates, and fraternal delegates. Unless otherwise specified, meetings shall be open to all hospital pharmacists. The power of vote is restricted to the Executive Committee, Special Committee chairmen and voting delegates.

(a) VOTING DELEGATE. Each affiliated chapter of the SOCIETY shall be entitled to designate such delegates as its membership warrants and in a manner to be determined by each chapter. Each affiliated chapter with 50 or fewer active members is entitled to one delegate. Each affiliated chapter with more than 50 active members is entitled to one delegate for each additional 50 active members.

(b) FRATERNAL DELEGATE. Any branch or department of the United States Government such as the Army, Navy, Air Force, Public Health Service, and Veterans Administration shall be entitled to designate one delegate. Such fraternal delegates may be granted the privilege of the floor but shall not be entitled to vote. The Secretary of the SOCIETY shall annually initiate an invitation to the ranking medical officer of each of the governmental health services to appoint said delegate.

Article 2. SELECTION OF DELEGATES. Delegates shall be designated by each affiliated chapter and confirmed by the Secretary of the SOCIETY. Organizations entitled to membership must notify the Secretary of the names of delegates and alternates prior to each annual meeting so that credentials may be prepared.

Article 3. MEETINGS. The House of Delegates shall meet at a time designated by the President of the SOCIETY, on the day preceding the first day of the annual meeting of the SOCIETY. At the discretion of the President, additional sessions of the House of Delegates may be called during the period of the annual meeting.

Article 4. OFFICERS. The Officers of the House of Delegates shall be the officers of the Society.

Article 5. PURPOSE. The House of Delegates shall assist the Executive Committee in the formulation of policy. Where possible, all items of new business, proposed amendments to the Constitution and By-Laws, and all controversial matters should be presented first to the House of Delegates and then to the first session of the annual meeting. It shall elect the Secretary of the Society. Each organization entitled to representation shall provide its delegate with a concise report of the activities and recommendations of the organization, which shall be presented at the call for reports. This report will also be presented in writing to the Secretary, at the meeting. This will provide an opportunity for each affiliated chapter, through its delegate to present comments and recommendations on local and national matters pertaining to hospital pharmacy practice. If it is impossible for an organization to send a delegate to this meeting, said organization shall submit its written report to the Secretary prior to the meeting.

Article 6. ORDER OF BUSINESS. At stated or adjourned meetings, business shall proceed in the following order:

1. Call to order.
2. Roll call of delegates.
3. Reading and adoption of minutes.
4. Appointment of committees.
5. Receipt of reports and other communications to the House of Delegates.
6. Unfinished business.
7. New business.
8. Adjournment.

Chapter IX. Affiliated Chapters

Article 1. REQUIREMENTS FOR AFFILIATION.

(a) All members of every affiliated chapter shall be members of the American Society of Hospital Pharmacists. There must be a minimum of ten active members before a group may apply for affiliation with the national organization.

(b) The chapter shall submit a list of officers and membership, minutes of the meeting at which the request for affiliation was approved, and a statement of frequency of meetings. Subsequent changes in officers and in times of meetings should be forwarded to the Secretary of the Society.

(c) The Constitution and By-Laws shall be approved by the Executive Committee of the Society and should be patterned after the Constitution and By-Laws of the Society. Any subsequent change in the Constitution and By-Laws must be approved by the Executive Committee of the Society.

(d) The formal application for affiliation should be initiated by the President and Secretary of the chapter and directed to the Secretary of the Society who will submit such application to the Executive Committee of the Society for approval.

Article 2. MEMBERSHIP. Membership in affiliated chapters shall be restricted to active, associate, and honorary members as defined in Chapter V, Article 1 of the By-Laws. Persons not so classified may attend meetings of the chapter at the invitation of the Executive Committee of the chapter.

Article 3. DUES. Dues in affiliated chapters may be set at the discretion of the Executive Committee of the chapter.

Article 4. REPORTS. A copy of the minutes of every meeting of affiliated chapters should be sent to the Secretary of the Society immediately following each meeting, and not later than ten days following the meeting date. Additions to and changes in the membership of the chapter should be included therein.

Article 5. REPRESENTATIVES TO THE HOUSE OF DELEGATES. Each affiliated chapter is entitled to representation in the House of Delegates as outlined in Chapter VIII, Article 1, (a), of the By-Laws of the Society.

Chapter X. Publications

Article 1. OFFICIAL PUBLICATION. The Bulletin of the American Society of Hospital Pharmacists shall be the official publication of the Society. All papers presented at the annual meeting of the Society shall be submitted to the Editor of The Bulletin for review and if suitable, for publication. Papers may be released for publication elsewhere on the approval of the Editor of The Bulletin.

Article 2. EDITOR. The Editor of The Bulletin shall be appointed by the Executive Committee of the Society.

Article 3. FINANCES. (The Bulletin).

(a) The Secretary of the Society shall establish a bank account in the name of The Bulletin of the American Society of Hospital Pharmacists. All monies received from advertising in, sales of, and subscriptions to The Bulletin and all bills relative to publishing The Bulletin shall be handled through this account. The Editor of The Bulletin and the Secretary of the Society shall receive, disburse, and account for all monies in this account. This account shall be audited annually.

(b) The Executive Committee of the Society shall be empowered to transfer such excess funds as may accrue in this account to either the American Society of Hospital Pharmacists or to the Division of Hospital Pharmacy.

Chapter XI. Annual Meetings

Annual meetings of the Society shall be held in conjunction with annual meetings of the American Pharmaceutical Association.

Chapter XII. Quorum

Fifteen members shall constitute a quorum for an annual meeting.

Chapter XIII. Order of Business

At stated or adjourned meetings, business shall proceed in the following order:

1. Call to order.
2. Roll call of delegates.
3. Reading and adoption of minutes.
4. Appointment of committees.
5. Ratification of Special Committees.
6. Receipt of reports and other communications to the Society.
7. Unfinished business.
8. New Business.
9. Report of Resolutions Committee.
10. Report of Nominating Committee.
11. Installation of officers.
12. Adjournment.

Chapter XIV. Affiliation

The Society shall be affiliated with the American Pharmaceutical Association and subject to such rules and regulations as may be mutually agreed upon to govern the Society.

Chapter XV. Seal and Insignia

Article 1. SEAL. The Society shall have a seal which shall consist of the device of a circle with the word "Seal" in the center surrounded by the words "American Society of Hospital Pharmacists" arranged within the perimeter.

Article 2. INSIGNIA. The insignia of the Society shall consist of the device of a mortar and pestle, the lip of the mortar being at about 250° and the handle of the pestle at about 315°, with the words "American Society of Hospital Pharmacists" inscribed through this in a semicircle, meeting the pestle on the left at juncture of mortar and pestle; the whole of this centered in a white cross on a green background.

Chapter XVI. Amendments

Every proposition to alter or amend these By-Laws shall be submitted in writing by two active members at the first session of the annual meeting of the Society and voted upon at the final session of the same annual meeting. A plurality of votes is required for approval.

4 AFFILIATED CHAPTERS AND OFFICERS

Regional Chapters

SOUTHEASTERN SOCIETY OF HOSPITAL PHARMACISTS

President, Ernest W. Rollins, North Carolina Baptist Hospital, Winston-Salem, N. C.; *Vice-President,* Miss Johnnie Crotwell, Georgia Baptist Hospital, Atlanta, Ga.; *Secretary-Treasurer,* Valerie Armbruster, Charity Hospital, New Orleans, La.

WESTERN PENNSYLVANIA SOCIETY OF HOSPITAL PHARMACISTS

President, Max Helfand, VA Hospital, Aspinwall, Pa.; *Vice-President,* Betty Levy, Falk Clinic, Pittsburgh, Pa.; *Secretary,* Dorothy Monyak, Children's Hospital, Pittsburgh, Pa.; *Treasurer,* Sister Louise DePaul, Pittsburgh Hospital, Pittsburgh, Pa.

ASSOCIATION OF HOSPITAL PHARMACISTS OF THE MIDWEST

President, Sister Mary Raphael Hilger, St. Vincent's Hospital, Sioux City, Ia.; *Vice-President,* Phyllis Platz, University of Nebraska Dispensary, Lincoln, Nebr.; *Secretary,* Sister Ruth Morris, Immanuel Deaconess Hospital, Omaha, Nebr.; *Treasurer,* Lois Stelzriede, Methodist Hospital, Omaha, Nebr.

HOSPITAL PHARMACISTS OF THE PUGET SOUND AREA (WASHINGTON)

President, David Irvine, Seattle General Hospital, Seattle, Wash.; *Vice-President,* Nora Nelson, Renton Hospital, Renton, Wash.; *Secretary,* Elmer Plein, University of Washington, College of Pharmacy, Seattle, Wash.; *Treasurer,* Fred Boehm, Tacoma General Hospital, Tacoma, Wash.

State and Local Chapters

Arizona

ARIZONA SOCIETY OF HOSPITAL PHARMACISTS

President, David Axelrod, Maricopa County Hospital, Phoenix, Ariz.; *Vice-President,* Rextell West, St. Joseph's Hospital, Phoenix, Ariz.; *Secretary,* Evelyn D. Cheney, Memorial Hospital, Phoenix, Ariz.; *Treasurer,* Elias Schlossberg, Arizona State Hospital, Phoenix, Ariz.

California

NORTHERN CALIFORNIA SOCIETY OF HOSPITAL PHARMACISTS

President, Jack S. Heard, Children's Hospital, San Francisco 16, Calif.; *Vice-President,* Charles J. Bertrand, French Hospital, San Francisco, Calif.; *Secretary,* Alphonse A. Seubert, 224 Northwood Dr., South San Francisco, Calif.; *Treasurer,* Patrick V. Crichton, 895 Bridgeway, Sausalito, Calif.

SOUTHERN CALIFORNIA CHAPTER OF THE AMERICAN SOCIETY OF HOSPITAL PHARMACISTS

President, Mrs. Norma R. Irish, 914 S. Abbott Ave., San Gabriel, Calif.; *Vice-President,* Charles G. Towne, Veterans Administration, Wilshire and Sawtelle, Los Angeles, Calif.; *Secretary,* Meyer Fein, 8604 Rugby Drive, West Hollywood, Calif.; *Treasurer,* Ikuko Ito, 3070 Harrington, Los Angeles, Calif.

Connecticut

CONNECTICUT SOCIETY OF HOSPITAL PHARMACISTS

President, Edmund Singer, Norwalk Hospital, Norwalk, Conn.; *Vice-President,* Michael Zygun, William Backus Hospital, Nowic, Conn.; *Secretary,* Ruth Pully, Charlotte Hungerford Hospital, Torrington, Conn.; *Treasurer,* Sister Maria Lucia, Hospital of St. Raphael, New Haven, Conn.

Florida

FLORIDA SOCIETY OF HOSPITAL PHARMACISTS

President, Alfred Reinhardt, Veterans Administration Regional Office, Miami 33, Fla.; *Vice-President,* Mary Wernersbach, 348 N. E. 33rd St., Miami, Fla.; *Secretary-Treasurer,* Leo Neidlinger, U.S. Public Health Service Outpatient Clinic, 300 N. E. First Ave., Miami, Fla.

Georgia

GEORGIA SOCIETY OF HOSPITAL PHARMACISTS

President, Miss Johnnie Crotwell, Georgia Baptist Hospital, Altanta, Ga.; *Vice-President,* Mrs. Lillian Price Emory University Hospital, Emory University, Ga.; *Secretary,* Terry B. Nichols, VA Domiciliary, Thomasville, Ga.; *Treasurer,* Heard Harris, Upston County Hospital, Thomaston, Ga.

Illinois

THE ILLINOIS CHAPTER OF THE AMERICAN SOCIETY OF HOSPITAL PHARMACISTS

President, Isador A. Weber, Jackson Park Hospital, Chicago, Ill.; *Vice-President,* Josephine A. Barnett, St. Francis Hospital, Evanston, Ill.; *Secretary-Treasurer,* Louis Gdalman, St. Luke's Hospital, Chicago, Ill.

MIDWEST ASSOCIATION OF SISTER PHARMACISTS

Chairman, Sister M. Hortensis, St. Elizabeth Hospital, Chicago, Ill.; *Vice-Chairman,* Sister M. Wilhelmina, St. Mary of Nazareth Hospital, Chicago, Ill.; *Secretary,* Sister M. Theodora, St. Joseph Hospital, Joliet, Ill.; *Treasurer,* Sister M. Hortensia, St. Mary Nazareth Hospital, Chicago, Ill.

Indiana

INDIANA SOCIETY OF HOSPITAL PHARMACISTS

President, Allen V. R. Beck, Indiana University Medical Center, Indianapolis, Ind.; *Vice-President,* William Wissman, 2311 John St., Fort Wayne, Ind.; *Secretary,* Rhea Thomas, 625 West Main St., Greenfield, Ind.; *Treasurer,* Mrs. Luville Therrien, 316 S. 13th St., Richmond, Ind.

Louisiana

LOUISIANA SOCIETY OF HOSPITAL PHARMACISTS

President, William P. O'Brien, Touro Infirmary, New Orleans, La.; *Vice-President,* Milton Nevils, Our Lady of the Lake Sanitarium, Baton Rouge, La.; *Secretary,* Frances C. Pizzolato, Touro Infirmary, New Orleans, La.; *Treasurer,* Betty Devine, Hotel Dieu, New Orleans, La.

Maryland

MARYLAND ASSOCIATION OF HOSPITAL PHARMACISTS

President, John A. Scigliano, U. S. Public Health Service Hospital, Baltimore, Md.; *Vice-President,* Charles Friedman, Johns Hopkins Hospital, Baltimore, Md.;

Corresponding Secretary, Frank Gregorek, Johns Hopkins Hospital, Baltimore, Md.; *Secretary-Treasurer,* Steven Ruth, Church Home and Hospital, Baltimore, Md.

Massachusetts

MASSACHUSETTS SOCIETY OF HOSPITAL PHARMACISTS

President, John Murphy, Massachusetts General Hospital, Boston, Mass.; *Vice-President,* Ethel T. Pierce, South Shore Hospital, Weymouth, Mass.; *Secretary,* Ann Varvas, Lynn Hospital, Lynn, Mass.; *Treasurer,* Sister Mary Edward, St. Vincent Hospital, Worcester, Mass.

Michigan

MICHIGAN SOCIETY OF HOSPITAL PHARMACISTS

President, Victor Serino, U. S. Public Health Service Hospital, Detroit 15, Mich.; *Vice-President,* Belle Moskowitz, Children's Hospital, Detroit, Mich.; *Corresponding Secretary,* Virginia Hulun, Children's Hospital, Detroit, Mich.; *Recording Secretary,* Helen Lewicki, St. Joseph Mercy Hospital, Detroit, Mich.; *Treasurer,* William Bertz, University Hospital, Ann Arbor, Mich.

Missouri

HOSPITAL PHARMACISTS ASSOCIATION OF GREATER ST. LOUIS

President, George V. Horne, Jewish Hospital, St. Louis, Mo.; *Vice-President,* Oliver Steppig, Alexian Brothers Hospital, St. Louis, Mo.; *Secretary,* Florence Mueller, 4930 Terry, St. Louis, Mo.; *Treasurer,* Sister Alma, St. Clement's Hospital, Red Bud, Ill.

New Jersey

NEW JERSEY SOCIETY OF HOSPITAL PHARMACISTS

President, Rudolph Wilhelm, St. Michael's Hospital, Newark, N. J.; *Vice-President,* Mrs. Evelyn M. Carlin, Patterson General Hospital, Paterson, N. J.; *Secretary,* Charles Seal,* Muhlenberg Hospital, Plainfield, N. J.; *Treasurer,* Bertram Jones, Essex County Hospital, Cedar Grove, N. J.

New York

GREATER NEW YORK CHAPTER OF THE AMERICAN SOCIETY OF HOSPITAL PHARMACISTS

President, Sister Maria Joseph, St. Joseph Hospital, Far Rockaway, N. Y.; *Vice-President,* Sister M. Etheldreda, St. Mary's Hospital, Brooklyn, N. Y. *Recording Secretary,* Sister M. Ambrosia, St. Joseph's Hospital, Yonkers, N. Y.; *Corresponding Secretary,* Sister M. Donatus, St. Clare's Hospital, New York, N. Y.; *Treasurer,* Sister M. Angeline, St. Mary's Hospital, Brooklyn, N. Y.

WESTERN NEW YORK CHAPTER OF THE AMERICAN SOCIETY OF HOSPITAL PHARMACISTS

President, M. E. Monteith, VA Hospital, Buffalo, N. Y.; *Vice-President,* E. C. Kaznowski, Columbus Hospital, Buffalo, N. Y.; *Secretary,* Sylvia Torre, Sisters of Charity Hospital, Buffalo, N. Y.; *Treasurer,* Sister Lydia Spain, Sisters of Charity Hospital, Buffalo, N. Y.

NORTHEASTERN NEW YORK SOCIETY OF HOSPITAL PHARMACISTS

President, Walter Hartman, Ellis Hospital, Schenectady, N. Y.; *Vice-President,* Lucy Manvel, Leonard Hospital, Troy, N. Y.; *Secretary,* Sister Eugenia, St. Peter's Hospital, Albany, N. Y.; *Treasurer,* Gertrude Jackowsky, Amsterdam City Hospital, Amsterdam, N. Y.

North Carolina

NORTH CAROLINA SOCIETY OF HOSPITAL PHARMACISTS

President, Gilbert Colina, Mercy Hospital, Asheville, N. C.; *Vice-President,* Ernest W. Rollins, North Carolina Baptist Hospital, Winston Salem, N. C.; *Secretary,* Halcyone B. Collier, St. Joseph's Hospital, Asheville, N. C.; *Treasurer,* William W. Taylor, University of North Carolina, Chapel Hill, N. C.

Ohio

AKRON AREA SOCIETY OF HOSPITAL PHARMACISTS

President, Jack Hovis, Salem City Hospital, Salem, Ohio; *Vice-President,* Theodore Mink, Peoples Hospital, Akron, Ohio; *Secretary,* Dorothy Blumer, City Hospital, Akron, Ohio; *Treasurer,* Willa Beedle, Buhl Hospital, Sharon, Pa.

CLEVELAND SOCIETY OF HOSPITAL PHARMACISTS

President, Hank Szymchek, Cleveland Clinic Hospital, Cleveland, Ohio; *Vice-President,* Frank Kucis, St. Joseph's Hospital, Lorain, Ohio; *Secretary,* Freda Escavage, Doctors' Hospital, Cleveland, Ohio; *Treasurer,* Robert Stockhaus, University Hospital, Cleveland, Ohio.

SOCIETY OF HOSPITAL PHARMACISTS OF GREATER CINCINNATI

President, Elizabeth Lynch, Jewish Hospital, Cincinnati, Ohio; *Vice-President,* Robert Erion, VA Regional Office, Norwood, Ohio; *Secretary,* Norman Grevious, Longview Hospital, Cincinnati, Ohio; *Treasurer,* Marion Wessler, Bethesda Hospital, Cincinnati, Ohio.

OHIO SOCIETY OF HOSPITAL PHARMACISTS

President, Neal Johnson, Springfield City Hospital, Springfield, Ohio; *President-Elect,* Russell Lovell, City Hospital, Akron, Ohio; *Vice-President,* Elnorah Drury, Alliance City Hospital, Alliance, Ohio; *Secretary,* Harriett Finney, Mansfield Hospital, Manfield, Ohio; *Treasurer,* Howard E. Schneider, Mt. Carmel Hospital, Columbus, Ohio.

TOLEDO SOCIETY OF HOSPITAL PHARMACISTS

President, Sister Mary John, Mercy Hospital, Toledo, Ohio; *Vice-President,* Rosalie Hoffman, Maumee Valley Hospital, Toledo, Ohio; *Secretary-Treasurer,* Emma Stevens, St. Vincent's Hospital Toledo 8, Ohio.

Pennsylvania

PHILADELPHIA HOSPITAL PHARMACISTS' ASSOCIATION

President, Quintus Hoch, St. Christopher's Hospital, Philadelphia, Pa.; *Vice-President,* Benjamin Wexlar, Philadelphia General Hospital, Philadelphia, Pa.; *Secretary,* Mary McWilliams, Pennsylvania Hospital, Philadelphia, Pa.; *Treasurer,* Thelma Connolly, Frankford Hospital, Philadelphia, Pa.

Tennessee

MEMPHIS CHAPTER OF THE AMERICAN SOCIETY OF HOSPITAL PHARMACISTS

President, William D. Upchurch, Methodist Hospital, Memphis, Tenn.; *Vice-President,* Adele Stigler, Eye, Ear, Nose and Throat Hospital, Memphis, Tenn.; *Secretary,* William Swafford, University of Tennessee School of Pharmacy, Memphis, Tenn.; *Treasurer,* Mary C. Massey, Baptist Memorial Hospital, Memphis, Tenn.

Texas

TEXAS SOCIETY OF HOSPITAL PHARMACISTS

President, Adela Schneider, Southern Pacific Hospital, Houston, Texas; *Vice-President,* Graydon Payne, City-County Hospital, Fort Worth, Texas; *Secretary-Treasurer,* Sister M. Nathy, St. Joseph Hospital, Houston, Texas.

Wisconsin

WISCONSIN SOCIETY OF HOSPITAL PHARMACISTS

President, Sister Gladys Robinson, Milwaukee Hospital, Milwaukee, Wis.; *Vice-President,* Edward Froncek, Deaconess Hospital, Milwaukee, Wis.; *Secretary-Treasurer,* Eloise Kramp, Milwaukee Hospital, Milwaukee, Wis.

*Deceased

5 OFFICERS AND COMMITTEES 1952-53

OFFICERS

President, Grover C. Bowles, Strong Memorial Hospital, Rochester, N. Y.
Vice-President, George L. Phillips, University Hospital, Ann Arbor, Mich.
Secretary, Gloria Niemeyer, 2215 Constitution Ave., N.W., Washington, D. C.
Treasurer, Sister Mary Florentine, Mount Carmel Hospital, Columbus, Ohio.

STANDING COMMITTEES

Committee on Membership and Organization

Allen V. R. Beck, *Chairman,* Indiana University Medical Center, Indianapolis, Ind.; Valerie Armbruster, Charity Hospital, New Orleans, La.; David Axelrod, 2034 W. Earll Drive, Phoenix, Ariz.; Claude Busick, St. Joseph's Hospital, Stockton, Calif.; Esther Clark, Springfield Hospital, Springfield, Ohio; Charlotte Reid Coleman, John Sealy Hospitals, Galveston, Texas; Johnnie Crotwell, Georgia Baptist Hospital, Atlanta, Ga., Patricia Ann Messner, 4494 N. Oakland Ave. Milwaukee, Wis.; Paul Parker, University of Chicago Clinics, Chicago, Ill.; Ludwig Pesa, St. Mary's Hospital, Passaic, N. J.; Francis J. Sullivan, Grace-New Haven Hospital, New Haven, Conn.

Committee on Minimum Standards

Sister Mary Berenice, *Chairman,* St. Mary's Hospital, St. Louis, Mo.; Norman Baker, The New York Hospital, New York, N. Y.; J. Solon Mordell, U. S. Public Health Service, Washington, D. C.; George L. Phillips, University Hospital, Ann Arbor, Mich.; Oliver Steppig, Alexian Brothers Hospital, St. Louis, Mo.

Committee on Program and Public Relations

Paul G. Bjerke, *Chairman,* Luther Hospital, Eau Claire, Wis.; Chase Holaday, San Francisco, Calif.; Jane Rogan, Evangelical Deaconess Hospital, Detroit, Mich.; William Slabodnick, Massillon City Hospital, Massillon, Ohio; Charles Towne, Veterans Administration Regional Office, Los Angeles, Calif.

Committee on Pharmacists in Government Service

Henry W. Beard, *Chairman,* U. S. Public Health Service Outpatient Dispensary, Washington, D. C.; Jack N. McNamara, Walter Reed Hospital, Washington, D. C.; Charles Towne, Veterans Administration Regional Office, Los Angeles, Calif.; R. L. Thompson, U. S. Naval Hospital, Oakland, Calif.

SPECIAL COMMITTEES

Committee on Narcotic Regulations

Vernon O. Trygstad, *Chairman,* Veterans Administration, Washington, D. C.; Evelyn Carlin, Paterson General Hospital, Paterson, N. J.; Arthur W. Dodds, U. S. Public Health Service Hospital, Baltimore, Md.; Milton Skolaut, National Institutes of Health, Bethesda, Md.

Committee on Special Projects

Leo F. Godley, *Chairman,* Bronson Methodist Hospital, Kalamazoo, Mich.; Walter M. Frazier, Springfield City Hospital, Springfield, Ohio; Ernest Rollins, North Carolina Baptist Hospital, Winston-Salem, N. C.; Evlyn G. Scott, St. Luke's Hospital, Cleveland, Ohio; Todd Tomihiro, 808 N. Fifth St., San Jose 11, Calif.

Committee on International Hospital Pharmacy Activities

Don E. Francke, *Chairman,* University Hospital, Ann Arbor, Mich.; Valerie Armbruster, Charity Hospital New Orleans, La.; Allen V. R. Beck, Indiana University Medical Center, Indianapolis, Ind.; Alex Berman, American Institute of the History of Pharmacy, Madison, Wis.; Jacqueline Claus, James Walker Memorial Hospital, Wilmington, N. C.; Gloria Niemeyer, 2215 Constitution Ave., N. W. Washington, D. C.; Anna C. Richards, Mountainside Hospital, Montclair, N. J.; I. Thomas Reamer, Duke Hospital, Durham, N. C.; Geraldine Stockert, Monmouth Memorial Hospital, Long Branch, N. J.; Anna D. Thiel, Jackson Memorial Hospital, Miami, Fla.

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Sister Gladys Robinson, Milwaukee Hospital, Milwaukee
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Sister Liguoria, St. Nicholas Hospital, Sheboygan
Sister M. Agnese Theobald, St. Joseph's Hospital, Milwaukee 10

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Sister Frances de Paul, Halifax Infirmary, Halifax, Nova Scotia
Sister M. Ancilla, St. Josephs Hospital, Hamilton, Ontario
Sister M. Gerald, St. Joseph's Hospital, Guelph, Ontario
Sister M. Marguerita, 13th & 9th Ave., Lethbridge, Alberta
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Sister Mary Murphy, Hotel Dieu Hospital, Kingston, Ontario
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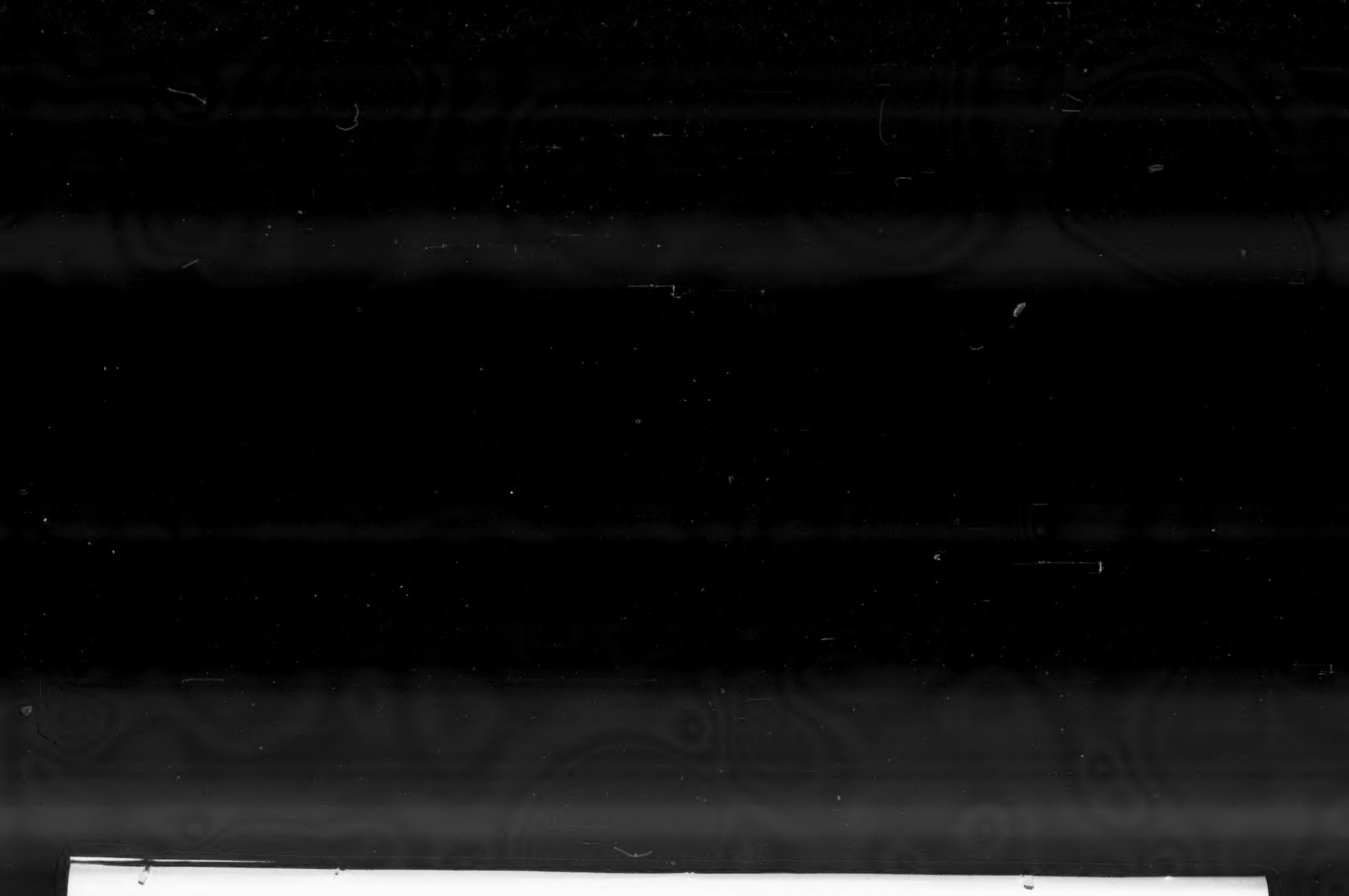

Slides Available For Teaching

The Division of Hospital Pharmacy of the A.Ph.A. and ASHP is making available for sale or on loan, slides for use in teaching hospital pharmacy. These may be used in connection with courses in hospital pharmacy or in group meetings of hospital pharmacists. The following list, classified according to subject, is now available:

ORGANIZATION AND PLANNING

Pharmacy Service, United States. 1946-'48
Pharmacy Organization Chart
Floor Plan, 200 Bed General Hospital
Pharmacy Floor Plan, 200 Bed Hospital
Floor Plan, 100 Bed General Hospital
Pharmacy Floor Plan, 100 Bed Hospital
Floor Plan, 50 Bed General Hospital
Pharmacy Floor Plan, 50 Bed Hospital
Operation of the Pharmacy
Purchasing Scheme

EQUIPMENT AND FIXTURES

Eppenbach Homo Mixer
Hobart Mixer
Collapsible Tube Closer and Crimper
Day Harris Ointment Mill
Ross Roller Ointment Mill
Day Pony Mixer
Homo Mixer Turbine
Eppenbach Colloid Mill—Cut-Away View
Ointment Jar Roller
Eppenbach Colloid Mill
Eppenbach Colloid Mill-Diagrammatic
Emergency Kit
Fixtures, Lynn Hospital, Lynn, Mass. (Storage)
Fixtures, Lynn Hospital, Lynn, Mass.(Receiving Prescriptions)
Fixtures, Lynn Hospital, Lynn, Mass.
Fixtures, Lynn Hospital, Lynn, Mass. (Prescription Counter)
Bottle Filling Device
Filtration Apparatus
Filtration - Mandler Filter
Fixtures, Cabinet Elevations, Queen of Angels, Los Angeles
Refrigerator Drawers—Built-In, Queen of Angels, Los Angeles
Prepackaged Liquids, St. John's Hospital, Santa Monica
Glassware Storage, Pricing, Reference File, Queen of Angeles Hospital, Los Angeles
Storage of Manufactured Products, Los Angeles County Hospital
Storage Facilities, Storeroom, St. John's Hospital, Santa Monica
Ampul Storage, Queen of Angels, Los Angeles
Shelving for Ward Stock, Los Angeles County Hospital
Pharmacy Wall Case Elevations, St. John's Hospital, Santa Monica
Prescription Counters and Safe, Queen of Angels, Los Angeles
Dumbwaiter, Queen of Angels, Los Angeles
Reference Library, Queen of Angels, Los Angeles
Schwartz Type Cases - Built to order, Queen of Angeles, Los Angeles
Fixtures, Pharmacy Scene, St. John's Hospital, Santa Monica
Soap Mixer and Dispenser
Mixing and Storage Tank
Filter Paper Cabinet
Eye Tray
Small Variable Speed Mixer
Mixing Machine inserted in 5 gallon bottle
Pharmacy on Wheels
Bottle Drying Rack
Drug Morgue
Emergency Cabinet
Gravity Vacuum Filtration
Capsule Machine
Storage Rack for Glass
Pharmacy, Mary Immaculate Hospital, Jamaica, N.Y.
*p*H Meter-Manufacturing Control.

MANUFACTURING (See also Equipment and Fixtures)

Manufacturing Procedures
Manufacturing—5 gallon filtration
Laboratory—University of Michigan Hospital
Manufacturing Laboratory and Equipment, University of Michigan Hospital
Economy Through Manufacturing
Manufacturing Laboratory, Mary Immaculate Hospital, Jamaica, N. Y.
Manufacturing Equipment
Hospital Manufacturing and Stock Room
Manufacturing Laboratory
Manufacturing Laboratory, University of Michigan Hospital
Sealing Ointment Tubes
Manufacturing Room, Los Angeles County
Manufacturing, VA Regional Office, Los Angeles, Calif.
Manufacturing, VA Regional Office, Los Angeles, Calif.
Manufacturing Room-Mixing Tanks, Los Angeles, County

RECORDS AND FORMS

Hospital Prescription Blank
Ward Stock Requisition
Purchasing Records
Pharmacy Inventory Record
Perpetual Inventory—Narcotics
Patient Narcotic Record
Narcotic and Barbiturate Requisitions Form
Daily Narcotic Dispensing
Assayed Stock Manufacturing Record
Manufacturing Record

DISPENSING

Ward Tray Assembling, VA Regional Office, Los Angeles
Ward Tray Filling, VA Regional Office, Los Angeles
Extemporaneous Compounding, VA Regional Office, Los Angeles
Dispensing, Issue Window, Queen of Angeles Hospital, Los Angeles
Ready Package Dispensing Unit, VA Regional Office, Los Angeles
Dispensary—University of Michigan Hospital
Dispensing—Chester County Hospital, West Chester, Pa.

PARENTERAL SOLUTION MANUFACTURE

Sterile Solution Laboratory, University of Michigan Hospital
Manufacturing Parenterals—Fenwal System
Rabbit holder for pyrogen test
Manufacture of Parenterals—Brewer System
Parenteral Solutions—Filling and Closure
Dusting Room—Parenterals - Winthrop Stearns
Storage of Parenterals Solutions, St. Joseph Hospital, Memphis, Tenn.
Filling Parenteral Solutions
Sterile Room, Jefferson Hospital, Philadelphia
Parenteral Solution Manufacture, Dust Free
Parenteral Solution Manufacture, Fenwal System
Parenteral Solution Manufacture, Commercial Methods (4 slides)

MISCELLANEOUS SUBJECTS

Service of the Pharmacy
Pharmacy Exhibits
Formulary - Standard Medications
Volume of Service in Pharmacy
Pharmacy as Information Center

By H. GEORGE DEKAY

a review of some

DISPERSING and SUSPENDING

agents

Pharmacists and manufacturers have been working for many years to obtain suitable agents for the dispersion or suspension of insoluble bodies in a lotion base. The literature is filled with many reports of the various methods suggested for a satisfactory suspending agent. Industry was forced to look elsewhere for their gums and mucilages during the recent world war which cut off the source of supply of the raw material. It had depended upon the common gums and mucilages such as acacia, tragacanth, karaya, gelatin, etc. When the source of raw material was cut off, the price of the product leaped skyward and industry began its search for new products of both natural and synthetic origin. The results of their investigations are clearly shown by the many new products which have been placed on the market.

There are certain requirements that must be met when a new product is made available to the public. It must be non-toxic; it must be usable, that is soluble or dispersible in water and certain solvents. The product must be compatible with many different compounds. The new product must also possess the properties of those substances such as acacia, tragacanth and gelatin with which the pharmacist is familiar.

We have been doing considerable work in our school of pharmacy on these new gums and mucilages as well as dispersing agents.[1, 2, 3, 4] We have studied the suspending properties of these products on such substances as calamine and insoluble salts to see if they would act as suitable suspending agents. We have prepared several of the gels or solutions and used them on calamine samples to show their properties. We have attempted to keep the concentration constant in every case. This will show the variability of the gels. We have prepared a review of the literature as presented by the various companies on their trade-marked product. These have been used satisfactorily in our laboratories.

H. GEORGE DEKAY is professor of pharmacy at the College of Pharmacy, Purdue University, Lafayette, Indiana.

Bentonite

Bentonite[5] is a natural mineral found in the United States, Canada, North Africa and Italy. The bentonite used in pharmaceutical products is obtained from Wyoming and South Dakota. An outcrop is usually characterized by the soil having a curly or crinkly appearance which is called "turtle backs" because they look a great deal like the back of a turtle. Bentonite is mined by surface mining and is not found in any specific area but may occur in several parts of a quarter section of land. It appears to be a volcanic ash.

Bentonite is officially defined as a native colloidal, hydrated aluminum silicate. It is described as a very fine, odorless, tasteless, and partially colorless powder free from grit.

Properties. It is insoluble in water but swells to about eight times its volume when added to water. It produces an opalescent suspension or paste. It is insoluble in organic solvents and does not swell in them. A two percent solution of Bentonite in distilled water is on the alkaline side at a *p*H of about 9 to 10.

It is a good suspending agent. The official grade is prepared by a process of air-flotation and segregation which renders it free from grit and other impurities. Therapeutically, bentonite is safe internally and externally acting independently or in conjunction with an insoluble substance as an evacuant.

Pharmaceutical Uses. Magma Bentonite is official in the U.S.P. XIV and is used in some official preparations. It was official in the calamine lotion but this has been replaced by another formula containing Polyethylene Glycol 400 and Polyethylene Glycol 400 Monostearate.

Lotions. A 2.5 percent suspension can be used in a lotion. Five percent is required to stabilize a lotion containing lime water.

Emulsions. Bentonite assists in the production of both oil-in-water and water-in-oil emulsions. It gives stable emulsions with many different liquids including water, oils, turpentine, glycerin, creosote, gasoline, etc.

Ointments. A 15 percent suspension of bentonite in water makes an ointment base which forms a dry film on the skin in 2 to 3 minutes. It is firmly adherent, does not rub off on the clothing, but is easily removed by gently washing with water. Bentonite ointments are well suited for skin treatments.

Skin Preparations. Wet compresses can be made using 10 percent bentonite with glycerin and magnesium sulfate. Bentonite may be added to coal tar, thoroughly mixed and applied to affected skin and scalp.

Sodium Alginate[6]

Algin is the common name designating alginic acid and its derivatives. It is a hydrophylic colloid. Algin products are uniform, free flowing granular or fibrous powders. They are completely soluble in hot or cold water and dissolve to form viscous solutions. Algin solutions decrease in viscosity in hot solution and increase in cold solution. Solutions are prepared by slowly adding the algin to the water that is being vigorously stirred. High speed stirring and gradual addition of the algin increase the rate of solution and decrease the tendency to lump which is common to all finer mesh algin and all colloidal gums.

The initial dispersion can be aided by first wetting the algin with alcohol, glycerin or similar non-solvent liquids before adding to the water. Solution is usually complete after a few minutes with good dispersion and agitation.

Algin solutions are subject to bacterial action upon prolonged storage and should contain a preservative such as formaldehyde, sodium benzoate or the esters of *para*hydroxybenzoic acid (0.1 percent). The aqueous solutions are compatible with a large number of compounds which accounts for the widespread acceptance of algins by industry. It is compatible with carbohydrates, water soluble gums, polyhydric alcohols, pigments, resins, proteins, dyes and cellulose products. In general, the relatively few incompatibilities with algin solutions can be attributed to the presence of alkaline earth or heavy metal salts or excessive concentrations of acids or alkalis.

Algin products in general are unaffected by acids until the *p*H is lowered below 4.5. As the *p*H is lowered below 4.5 the algin precipitates and the solution thickens but at a *p*H of 3 it precipitates completely from solution. The addition of strong base such as a solution of NaOH will have no immediate effect until it reaches a *p*H of 12 and the solution will then thicken and form a weak gel. Gels can readily be formed by the addition of sparingly soluble calcium salts such as calcium citrate, sulfate, etc.

Keltose is a gel-forming algin which dissolves in water to give a semi-gelatinous jelly. This is used in bakery icings. Kelcosol is a fibrous sodium derivative that can be dry mixed with some calcium salts to form a composition that will readily dissolve in water to form a clear, firm gel. The use of a small amount of citric acid aids in producing a clear gel.

Extensive animal experiments in feeding the kelgin have shown it to be non-toxic and non-allergenic. It is used in a large number of foods, dairy products, bakery products, puddings, etc. The following Kelco Algin products have been used as follows: (1) *Kelgin*—Medium viscosity, the sodium derivative is used in pharmaceuticals, cosmetics and industry. (2) *Kelcosol*—High viscosity sodium derivative used in pharmaceuticals, cosmetics. etc. Kelcosol is preserved by 0.1 percent sodium benzoate or 0.2 percent methyl, propyl, or butyl esters of *para*hydroxybenzoic acid. Kelcosol at up to 0.5 percent is used in confections such as fondants, mashmallows, etc.; 0.25 to 1.5 percent is used as a thickener for syrups and as a bodying agent in emulsions, lotions, creams, etc.; 2.0 to 2.5 percent makes a good pharmaceutical gel. (3) *Kelcoloid*—HV and HVF are propylene glycol derivatives which are used in cosmetic lotions in concentrations of 0.5 to 2.0 percent. LVF is a low viscosity propylene glycol derivative which is used as an emulsifying agent in food products containing oils. It is used pharmaceutical emulsions in a one percent concentration.

Cellulose Gums[7]

Cellulose gum, also known as carboxymethylcellulose, sodium cellulose glycollate, carboxymethocel, cellocel and C.M.C., is prepared by the action of monochloroacetic acid on alkali cellulose. It is available as the sodium salt.

Cellulose gum can be readily dissolved in either cold or hot water to form colloidal and highly viscous solutions and is used as a thickening and suspending agent and as an emulsion stabilizer.

Three viscosity types are available, low, medium and high.

Solution. Clear smooth solutions of cellulose gum can be made readily by stirring the water while the dry powder is slowly added. The more efficient the stirring, the quicker complete solution is attained. Increasing the temperature of the water decreases solubility time. These three viscosity types are soluble in water-alcohol mixtures 50 percent and in acetone water mixtures of 60 percent water. The gum is incompatible with the amphoteric metallic salts. It is fairly stable in highly acid solutions and it is compatible with sodium alginate, methyl cellulose, pectin, starch, triethanolamine, glycerin, propylene glycol, etc. It is necessary to have a preservative present in aqueous solutions of cellulose gum.

Uses. It is used to stabilize emulsions, suspending agent, thickening agent and possesses film-forming properties.

Toxicity. Studies have shown that it is physiologically inert and therefore is suitable for food products.

Kraystay[8]

Kraystay is a registered trade mark of the Kraft Food Company for the dehydrated edible gelose extract of the natural sea weed Irish Moss. It is a uniform, free flowing, flaky, powder-like material completely soluble in hot water. It hydrates easily to form viscous solutions and gels. It will hold large quantities of water, absorbing approximately 30 times its weight in water.

Solutions. Kraystay is readily dissolved in hot water and forms a homogenous solution which is translucent and slightly straw-colored. The ease of dispersion of Kraystay can be increased by first wetting with alcohol and glycerin before adding the water. The solution must contain a preservative because it is subject to bacterial action.

Compatibility. Kraystay is compatible with most compounds. It possesses emulsifying properties, suspending property and film-forming properties. It prevents settling out of bismuth, zinc, sulfa drugs ,etc.

Uses. It can be used satisfactorily in permanent waving lotions, liquid dentrifices, emulsifier, suspending agent in shampoos, syrups, and lotions. It is used in surgical jellies, tooth pastes, hand jellies, cream shampoos, as suspending agent for bismuth salts, calamine, sulfa drugs, barium meal, and titanium dioxide.

Veegum[9]

Veegum is a complex colloidal magnesium aluminum silicate. It is useful wherever an inorganic material is desired to retard pigment settling, impart body or stabilize an emulsion. It has a small flaky appearance, is odorless, tasteless, white in color, and is soft with considerable slip feeling.

Preparation of Veegum-water dispersions. The Veegum flakes should be slowly added to the water, the mixture being continuously stirred. When the batch appears to be smooth it may be assumed that a good dispersion has been reached. The time required to attain this point will vary somewhat with the speed of stirring, temperature of the water used, and the size of batch being made. A 5 percent aqueous dispersion has a viscosity slightly higher than that of medium mineral oil but somewhat lower than glycerin.

Factors Influencing Viscosity. (1) These dispersions have the unique property of quickly setting to a reversible gel. This phenomena is known as thixotrophy. (2) Heating suspensions produces permanent viscosity increases. This makes it of value to stabilize emulsions in warm weather. (3) The viscosity increases with aging and it remains relatively unaffected over a wide range of *p*H.

Aqueous dispersions of Veegum are compatible with about 20 to 30 percent of ethyl alcohol, isopropyl alcohol, acetone, formaldehyde, and similar solvents. Glycols and glycerin are compatible at 40 to 50 percent concentrations.

Emulsions. Veegum suspensions are widely used as emulsifiers and emulsion stabilizers. It forms stable oil-in-water emulsions with moderate amounts of mineral oil and vegetable oils.

Suspension and Dispersion. Veegum is an excellent agent for ground materials. Low viscosity Veegum suspends more efficiently than organic gums.

Toxicity. Veegum is non-toxic. It is concluded that it presents no hazard.

Cosmetics. Veegum is used quite extensively in such as foundation creams, hand creams and lotions, brushless shaving creams, antiperspirant creams, deodorant creams and lotions, and many others.

Methyl Cellulose

Methyl cellulose is an ether cellulose which may be formed by the interaction of dimethyl

sulfate with cellulose which has been swollen with a strong base. This is possible because cellulose is a polyhydric alcohol. The introduction of methyl groups gradually modifies its properties and it is the number of methyl groups which causes it to go through a sequence of solubility stages.

Products containing up to 1.3 methoxy groups per anhydroglucose unit are insoluble in water but at 1.3 to 2.6 methoxy groups they are soluble in water and are used in pharmacy. Beyond this ratio, the products become soluble in alcohol and other organic solvents with decreased solubility in water.

Methyl cellulose is produced in six viscosity types to meet a wide range of use requirements. The 1500 to 4000 cps types are most economical for use as a thickener. The lower types are used for protective colloidal action. Methyl cellulose can be obtained in a variety of forms or types such as 15 cps. 25 cps, 100 cps, 400 cps, 1500 cps, and 4000 cps. Methocel is a trade name for methyl cellulose.

Properties. Methocel is stable to light, heat and aging and retains its viscosity over a wide range of *p*H. It is neutral, odorless, tasteless and completely inert and it produces colorless aqueous solutions. It is a hydrophylic colloid and is soluble in cold water even at freezing temperatures. When it is heated it creates a cloudy solution. It is insoluble in most organic solvents. It will form plastic like coats on evaporation of its aqueous solution. The addition of 15 to 25 percent invert sugar, propylene glycol, glycerin or sorbitol makes it pliable and flexible. It was satisfactorily used as a plastic film containing sulfa drugs for use in burn treatments during the past war period.

Methocel is compatible with most water miscible organic solvents. It can be readily diluted with alcohol. It will tolerate high quantities of univalent ions. If polyvalent ions are present, precipation will occur. It is coagulated by tannins and certain dyestuffs. Methocel is compatible with dilute acids, alkalis, most soluble resins and wetting agents. A *p*H of 2 to 12 has no effect on the solution.

Preparation of Solution. (1) Mix with one-half of the water and bring to a boil and soak 30 minutes. Now add the balance of the water and cool to 5-10 degrees. (2) With a wetting agent. Mix the Methocel and wetting agent until it is wetted then add water. Pine oil prevents foaming.

Toxicology. (1) Laboratory animals can be maintained in excellent health on diets containing large quantites of Methocel. (2) Ten gram doses to humans can all be recovered from the feces irrespective of the diet. (3) No ill effects were noted in any human subject.

Uses. Methocel is used in bulk laxatives and is dispensed today in tablet form. It is used in eye preparations for contact lens; it is non-irritant, chemically inert, and resistant to bacterial action. It has found use in nose drops, burn therapy, skin infections and ointments.

Summary

This review covers a few of the many products which we have used in our laboratory with satisfactory results. The purpose of this review was to acquaint the pharmacist with the many newer products which are appearing for pharmaceutical use. Products covered include Bentonite, alginic acid and its derivatives, cellulose gums, Kraystay, Veegum, and Methyl Cellulose or Methocel.

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A Library and Reference Service

for hospital pharmacies

by Isabel Stauffer

A library is defined as "a building, devoted to a collection of books, manuscripts, etc. kept for use but not for sale; an institution for the custody, circulation, or administration of such a collection." This broad defination suggests "a public library" or "a general library."

Today, in contrast to public libraries, "information centers" have been built around special subjects, as a source of information for conducting business and planning company policies. These libraries are called special libraries and are found in banks, corporations, law firms, newspapers, advertising and insurance agencies, transportation companies, research organizations, museums, government bureaus, and hospitals.

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A special library houses a very specific type of information, often pertaining only to a particular phase of a subject. In this way a Special Library differs from a public library, which tries to cover, to a certain degree, information on all subjects. A special library is, therefore, dependent upon other more general libraries in the vicinity for material of a general nature.

In most special libraries, a file of indexed cards serves as a connection with other special libraries and general libraries in a given area. Through a system of borrowing, established by their librarians, such libraries, in reality, become

branches of one another, although they are supported by individual business firms which may have no other connection. This system of interlibrary loans makes available specific technical information without the duplication of reference books and journals.

A library in the pharmacy of a hospital, built around the very specialized subject of hospital pharmacy, serving the doctors, nurses, interns and others of its hospital staff, might well be termed a "Specialized Special Library" and the hospital pharmacist a "Specialized Special Librarian."

The fast moving economic and social change taking place in the world today make the need for specialized library service greater than ever before. An organization that does not have its own up-to-the-minute information is at a great disadvantage. To acquire, organize, evaluate and coordinate masses of information and to adapt it to the needs of business and professional men, is the prerogative of the special librarian. When information on a certain subject in a certain field is wanted, he can put his knowledge to work and, with specialized technics, can find out quickly what information is available and where that information can be found.

It is therefore, the purpose of this discussion to point out some of the specialized technics developed by librarians in the fields of pharmacy, medicine, and the related health sciences; and illustrate their application to the field of hospital pharmacy.

A Hospital Pharmacy Library Is A Specialized Pharmaceutical Library

Many hospitals today have a Special Library or Hospital Library which includes a medical library, a nurses' library and a patients' library. The purpose of the medical library is to make easily available to members of the staff, medical literature containing standard procedures and recent developments in medicine and surgery, etc. The nurses' library contains books and journals on the basic subject matter covering the courses of study offered in the school of nursing education, together with supplementary reading for nurse educators, and frequently also, recreational reading matter for both students and teachers. The patients' library provides reading material of recreational and therapeutic value for the patients in the hospital and sometimes recreational reading for members of the hospital staff.

How then does the Hospital Pharmacy Library, as an "information center" on pharmaceutical products and pharmacy, hospital pharmacy in particular, differ from the other special libraries in the hospital? Both the medical and nurses' libraries in a hospital will have material on pharmaceutical products, but classified in relation to the services which each library provides. In the medical library only very general information on pharmaceutical products will be indexed. The nurses' library is interested in drugs and drug products from the view point of the administration by the nurse. Nurses are not concerned with the name of the manufacturer of the product or in what form it is supplied, e. g. tablets, capsules, ampuls, etc.

The Hospital Pharmacy Library, however, is principally concerned with the filing and storage of information on pharmaceutical products. How the product is supplied, where it is available, by whom it is manufactured, and how it is used are requests which the hospital pharmacist receives every day. The answers to these questions are to be found in the information supplied by pharmaceutical manufacturers in the form of pamphlets, bulletins, cards and blotters. But if this material is not systematically arranged so that it can be put to work, it is not of much value. Also if the hospital pharmacist cannot relate this collection of cards and booklets to the language of the doctors and nurses, he may have difficulty in locating the exact information that is required. The first requisite then for the hospital pharmacist in his role of specialized special librarian is to have a working knowledge of medical terminology.

chart one

budget for libraries

Allowance should be made in the annual budget of the Pharmacy Department for:

1. **EQUIPMENT**
   Filing cabinets, book shelves and other forms of storage required for library material.

2. **REFERENCE BOOKS**
   In the latest editions, and subscriptions to monthly or weekly periodicals pertaining to pharmacy, medicine and related health sciences.

3. **REMUNERATION**
   For additional clerical help if such is required to maintain the library.

In the 1949 October and November issues of the *American Professional Pharmacist,* Mr. John Zugich described a method by which the hospital pharmacist might become more proficient in medical terminology. Mr. Zugich has compiled tables of recurring key word roots, suffixes and prefixes. One's medical vocabulary may be greatly enhanced by mastering these key word roots and their combinations with the various suffixes and prefixes. Last year the Ontario Branch of the Canadian Society of Hospital Pharmacists obtained reprints of Mr. Zugich's article on "Medical Terminology for the Pharmacist" and presented them to the members attending the Hospital Pharmacy Section of the annual convention of the Ontario Hospital Association. In preparation for your role as librarian of your hospital pharmacy library, obtain one of these reprints and give yourself and your staff a little refresher course in medical terminology.

To Maintain A Library Is One Of The Duties Of A Hospital Pharmacist

But, you will say, you haven't the time, space or equipment to set up and maintain a library in your Pharmacy.

Let me remind you that to have, or not to have a library in your Pharmacy is no longer a matter of choice. The adoption of the *Minimum Standard for Pharmacies in Hospitals,* has established the operation of a library in the hospital pharmacy as one of the duties of the hospital pharmacist. In the Minimum Standard, Item 4 headed *Facilities*—subsection c. states that,

> Adequate pharmaceutical and administrative facilities shall be provided for the Pharmacy Department, including especially . . . (c) an adequate library and filing equipment to make information concerning drugs readily available to both pharmacists and physicians. . .

And Section 5 headed *Responsibilities*—subsection I. states,

> The pharmacist in charge shall be responsible for . . . (I) furnishing information concerning medication to physicians, interns and nurses.

So the Minimum Standard amply justifies the time and money spent on a Pharmacy Library.

Storage Of Material And Physical Equipment

Let us now examine the types of material that should be kept in a hospital pharmacy library and the best means of storing this material.

As space is always at a premium, the storage of this material presents a problem. If possible, a shelf or cupboard should be reserved for book storage. Periodicals and journals tied in bundles stacked on shelves become dusty, and discourage the person trying to locate information. However, if neatly filed in cartons, quite the opposite effect is produced. Used x-ray cartons have proved very valuable for this purpose and since these come in various sizes, it is not too difficult to accumulate a set for each volume of journals. Neatly labeled and stored upright on a shelf, these cartons present a very tidy appearance, as well as being durable and dust proof.

If x-ray cartons are not available, a storage carton called the Magafile, may be used. These cartons come in various sizes and varying height and width. They may be obtained from the Magafile Company in St. Louis, Mo. and cost less than twenty-five cents a piece. They are in two parts—an inner rectangular tube and an outer cover, which is folded and fitted around this tube. The open back allows for the easy withdrawal of a single issue. Labels are supplied with each order of Magafiles and when assembled and stored upright on a shelf the set has a very neat and uniform appearance.

Either of these methods of storage serves to house the catalogs from the various companies. Arranged alphabetically in this fashion, each one may be perused in turn without disarranging the entire shelf. Supplements and additional lists may also be filed with the catalog and the lack of uniformity in size and shape is overcome by using one size for all catalogs.

Reprints and pamphlet literature are most conveniently stored in folders in metal filing cabinets with three or four drawers of either legal or letter dimensions.

Abstracts or notes taken from articles in journals which are filed for future reference are best kept on fairly large cards, say 5" x 8" cards, filed in a metal filing drawer of the same size. Three by five inch cards are a convenient size for keeping indexed article references taken from journals. These should also be filed in metal filing drawers of the same size.

A rubber stamp with the date and preferably with the library identification, such as the initials signifying the hospital e.g. T. G. H. Pharmacy Library (Toronto General Hospital Pharmacy Library), a filing basket for incoming material and a filing basket for indexed material to be returned to the files, complete the essential physical equipment for the hospital pharmacy library.

A Filing And Indexing System

If I must have a library, you may as well ask, how am I going to operate it. How does a librarian set up and operate a library? Let me assure

you a librarian does not read and index all the books and journals in the collection. To set up a library, a librarian would first sort out the various types of literature such as books, journals, pamphlets, abstracts and card index article references. He would then select a set of subject headings from one or more reference tools covering the field of the library and catalog and index the material in the collection under these subject headings.

In the hospital pharmacy library, as previously mentioned, the books would be arranged on shelves and the journals placed in x-ray cartons or Magafiles. Three card files and a pamphlet literature file could then be set up to take care of the card index article references, the abstracts, the trade names of new products, and the pamphlets.

Let us now examine some of these reference tools and try and see what subject headings would be suitable for classifying the material in the hospital pharmacy library.

(1) *New and Nonofficial Remedies.* As hospital pharmacists you are all familiar with *New and Nonofficial Remedies* issued under the direction and supervision of the Council on Pharmacy and Chemistry of the American Medical Association. This reference tool is arranged and classified according to the pharmacological uses of the preparations and the chapter headings "Analgesics," "Anesthetics," "Autonomic Drugs," "Local Anti-Infectives," etc. would be very useful as broad general subject headings for classifying your material.

(2) *Modern Drug Encyclopedia and Therapeutic Index.* Recently, in the United States, current pharmaceuticals have been compiled in a book called the *Modern Drug Encyclopedia and Therapeutic Index* published by Drug Publications Inc. New York. The publishers keep this volume up to date by issuing a bi-monthly* supplement in the form of a journal called *The Journal of The Modern Drug Encyclopedia.* Each issue of the supplement includes a cumulative index of the preceding issues.

In this reference tool and supplements the preparations are listed as monographs and arranged alphabetically by trade names. Each monograph includes the name of the manufacturer and the therapeutic classification of the product. Further information is indicated under the headings: Description, Action and Uses, Administration, and Supply. The book also contains three indexes: (1) In the first the products are listed under the name of the manufacturer. e. g. Under Rexall Drug Co. are listed alphabetically the products of the Rexall Drug Co.

(2) In the second the products are listed under their therapeutic designations. e. g. Amebicides, Fungicides, Digestants, Expectorants, Vasoconstrictors, Vasodilators, etc.

(3) The third index is a general alphabetical index of the trade names of the preparations.

If we examine the therapeutic index more closely we will find that these therapeutic headings might be fitted into our list of subject headings as sub-headings under the broad chapter headings of the *N. N. R.* e. g. Under Sedatives and Hypnotics might be listed Anticonvulsants, Barbiturates, Bromine Preparations, etc.

Every hospital pharmacist I am sure has a file of pamphlet literature so combining the subject headings chosen from these two reference tools, the chapter headings of *N. N. R.* and the therapeutic index headings of the *Modern Drug Encyclopedia* set up a file for this pamphlet literature. A list of suggested headings for the literature file, File No. 2, on pages 2, 3, 4, and 5 of the summary* is based on this pharmacological and therapeutic arrangement.

*Bi-monthly beginning January-February, 1953.

chart two

types of material

The types of material found usually include:

1. **BOOKS**
   Such as the *United States Pharmacopeia,* the *National Formulary* and other reference books.
2. **PERIODICALS**
   Or hospital and pharmacy journals, such as the *Bulletin of the American Society of Hospital Pharmacists,* the *Journal of the American Pharmaceutical Association,* and the *Journal of the American Medical Association,* etc.
3. **CATALOGS**
   And price lists of the various pharmaceutical companies and manufacturing firms.
4. **ABSTRACTS**
   Or notes taken from articles in journals.
5. **INFORMATION**
   On new products and materials in the form of pamphlets, reprints and therapeutic notes.

*EDITORS NOTE: A complimentary copy of this summary which suggests more detailed headings for a literature file may upon request from Miss Irene Olynyk, secretary of the Canadian Society of Hospital Pharmacists, Women's College Hospital, Toronto, Canada.

chart three

subject headings

Suggested for literature file

Classification	*Subect Heading*
DIVISION 1	**POISONS AND TOXICOLOGY**
1:00	General
DIVISION 2	**ANALGESICS**
2:00	General
2:10	Analgesics, local
2:20	Analgesics, systemic
DIVISION 3	**ANESTHETICS**
3:00	General
3:10	Anesthetics, basal
3:20	Anesthetics, local
DIVISION 4	**SEDATIVES AND HYPNOTICS**
4:00	General
4:10	Anticonvulsants
4:20	Barbiturates
4:30	Bromine preparations
4:40	Hypnotics
4:50	Sedatives
4:60	Sedatives, expectorant
DIVISION 5	**ANTISPASMODICS**
5:00	General
5:10	Bronchial antispasmodics
5:20	Muscle relaxants
DIVISION 6	**CENTRAL NERVOUS SYSTEM STIMULANTS**
6:00	General
6:10	Analeptics
6:20	C. N. S. stimulants
DIVISION 7	**AUTONOMIC DRUGS**
7:00	General
7:10	Adrenergic blocking agents
7:20	Anticholinergic agents
7:30	Cholinergic agents
7:40	Parasympathomimetic agents
7:50	Sympathicolytic agents
7:60	Sympathomimetic agents
7:70	Miscellaneous

Poisons and Toxicology have been given first place because of the usual haste with which this information is required.

Divisions 2, 3, 4, 5, 6, and 7 deal with the *Nervous System;* 2, 3 and 4 take care of the *central nervous system depressants;* 5 is alloted to *antispasmodics,* 6 deals with *central nervous system stimulants* and 7 lists the *autonomic drugs.*

Divisions 8, 9, 10, 11 and 12 deal with *Anti-infectives;* 8 lists the *local anti-infectives;* 9 lists the *systemic anti-infectives;* 10 includes the *metal* (excluding iron) *arsenic and tin preparations;* 11 is devoted to the *antibiotics;* and 12 to *sulfonamide therapy.*

Divisions 13, 14, 15, 16, and 17 list the *cardiovascular agents, drugs acting on the alimentary tract and lungs, diuretics antidiuretics,* and *drugs acting on the reproductive organs* (excluding hormones).

Divisions 18, 19, 20 and 21 include: *drugs for blood diseases and blood forming organs, hormones and synthetic substitutes, agents used in metabolic disorders and foods,* and *vitamins and vitamin preparations.*

Divisions 22, 23, 24 and 25 list *drugs used in allergy, drugs used in dermatology, drugs used in ophthalmology,* and *E. N. T. and dental preparations,* respectively.

Division 26 is a miscellaneous group.

Division 27, 28, and 29 include: *astringents, caustics and sclerosing agents, serums and vaccines,* and *diagnostic aids.*

Division 30 is reserved for pharmacy subjects.

After classifying the pamphlet literature according to a chosen list of subject headings, filing folders labelled with these subject headings would be set up in drawers in a filing cabinet and the literature filed in these folders. If the volume of material in any one folder is too large, separate folders for sub-headings may be required.

However, you may be asked for information about a product by its trade name. You haven't a clue as to the therapeutic use of the preparation and frequently the trade name itself is of little help in this respect. In such a case an alphabetical list of trade names would be very useful. Such a list arranged on cards would allow you to easily make deletions and additions when necessary. This information would be put on cards in File No. 1, the Alphabetical Index File of trade names.

Since the publication of monographs of newer pharmaceutical specialties has become a regular feature of our pharmaceutical journals, most pharmacists have acquired an alphabetical index file of these products. Also many manufacturers now circularize the pharmacists and physicians with 3" x 5" card monographs of their specialities. A 3" x 5" card is therefore a convenient size card for the alphabetical index card file of trade names.

A therapeutic arrangement of pamphlet literature and an alphabetical list of trade names as has been described would save the hospital pharmacist much time in finding information when required. However, this classification and arrangement still does not answer all requests for information. For example: Where would you file a piece of pamphlet literature describing Cobione: e. g. under Vitamins and Vitamin Preparations or under Drugs for Blood Diseases and Blood Forming Organs? How would you find a piece of literature on a product that contained both sulfonamides and antibiotics? It is readily seen that a cross indexing system of these two files would make each file more valuable.

The broad subject headings for the Pamphlet Literature File—similar to the chapter headings in *N. N. R.* have been termed divisions and are

represented by whole numbers from 1 to 30. The subheadings, taken from the *Modern Drug Encyclopedia,* have been designated as decimals of the divisions. These decimal notations, describing the therapeutic classifications of the pamphlet literature, entered on the Alphabetical Index Cards opposite the trade name of the product, would serve to lead you to the correct folder when looking for a pamphlet on that product. The numerical notation for Cobione is worked out on page 6 of the summary under the example of the Alphabetical Index File Card.

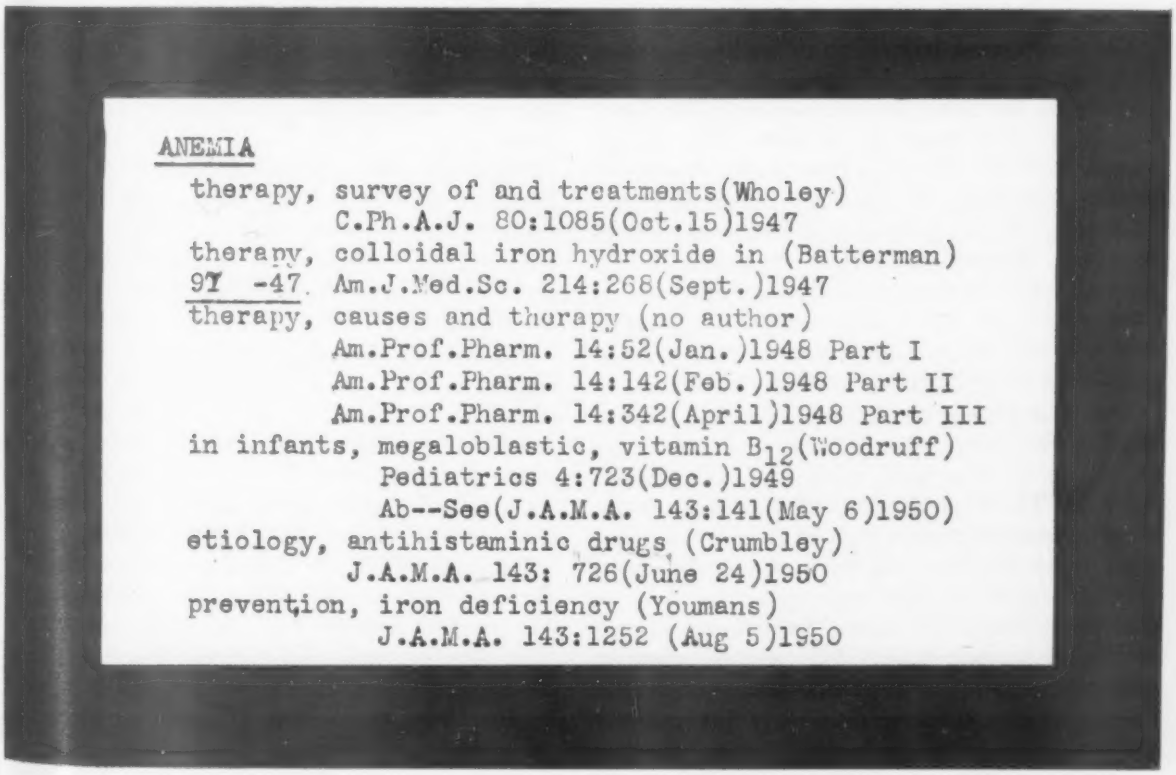
In File No. 2 the filing folders for the pamphlet literature are labelled with these numerical notations and filed numerically. The pamphlets in each filing folder are numbered with the same number as the folder. File No. 1 contains a card for each pamphlet with the same number as the pamphlet and the filing folder and these cards are arranged alphabetically by trade names. In other words you now have a pamphlet literature file (File No. 2) with a classified catalog (File No. 1). This is by no means a new idea. Sometimes whole libraries are cross indexed in this manner.

How To File

You can pull out of a file only what you put into it, so how do you get this information into the file.

When a new pamphlet is received, it is dated with a rubber stamp. The numerical classification is determined by referring to the subject headings for the Pamphlet Literature File. This number is placed on the pamphlet, which is then filed in the folder bearing the same number. A 3" x 5" card is set up for the Alphabetical Index File, if one has not been received with the pamphlet or been prepared from a journal clipping. The number of the pamphlet, followed by the letters "PF" is placed on the card. If the preparation belongs to two or three classifications, these numbers are also indicated. The initials of the person cataloging the pamphlet and the date are entered and the card is filed alphabetically by the trade name in the Alphabetical Index File.

Using this system, literature on identical or similar products with different trade names is filed together. Pamphlets are filed and refiled quickly by their numerical notations. It is necessary to retain only one copy of a pamphlet because the second or third numerical notation on the Alphabetical Index Card designate "see also references." The date stamped on the pamphlet serves as a guide in weeding the file. Since the 3" x 5" card monographs contain the same information as the monographs in the *Modern Drug Encyclopedia and Therapeutic Index* this book can be substituted for a large portion of the Alphabetical Index Card File. This will save the time required to prepare these cards.



Abstracts and indexed periodical references save time when searching for material on products being used for investigational purposes. Also many articles in the pharmaceutical and hospital pharmacy journals may not be timely when read but reference to them may be necessary at a later date.

Perhaps the best known index of medical literature is the third reference tool, the *Quarterly Cumulative Index Medicus* now in its forty-sixth volume. Unfortunately pharmaceutical literature is not very well represented in this index and of late the publication has not been kept up to date. This periodical indexes itself alphabetically both as to author and subject entries. Articles appearing in medical journals are indexed under the name of the disease or body organ or the term generally used to describe the therapeutic agent. A list of standard subheadings for diseases, organs and drugs and other chemicals is given on the last page of the summary. This list was taken from the preface of the *Quarterly Cumulative Index Medicus* volume 46. Of interest to the hospital pharmacist is the fact that, in the main, the subject headings used in the *Quarterly Cumulative Index Medicus* are followed in the index which appears at the end of each volume of the *Journal of the American Medical Association* and copies of this journal are usually available in a hospital. A periodical check of the index of the *J. A. M. A.* may help you to decide what to do with some of the newer drugs when they first appear in the literature.

The fourth and last reference tool is the *Current List of Medical Literature* now published monthly by the Army Medical Library, Washington, D. C. and kept up to date. The subject headings, in the main, follow those established by the *Quarterly Cumulative Index Medicus.* Therefore, for the sake of uniformity in hospital pharmacy libraries and when requesting additional information from medical libraries, it would seem logical to adopt the method of indexing used by these last two reference tools and already established in the field of medical literature.

The example of the Indexed Article File card illustrates the use of this method (Summary page 7). Three by five inch cards are used for this purpose. These cards are filed alphabetically, using the subject headings of the *Quarterly Cumulative Index Medicus,* e. g. the name of the disease or body organ or the term generally used to describe a therapeutic agent. Several entries may be made on one card. The use of standard subheadings provides a quick reference and saves time in writing out long titles. A bibliography on the subject may be easily prepared by checking these same subject headings in the *Quarterly Cumulative Index Medicus.* Each reference should include the name of the author, the name of the periodical, the volume of the journal, page number and date. If reference is to an abstract in a journal instead of a complete article, this fact should be noted.

A 5" x 8" card is a convenient size for abstracts in File No. 4. These cards are numbered and filed numerically. The addition of some reference to the year in which the article is published, e. g. 97-47 (published in 1947) provides a simple method of weeding the abstract file, e. g. by year. The abstracts are also classified according to the subject headings of the *Quarterly Cumulative Index Medicus* e. g. the name of the disease or body organ or the term generally used to describe a therapeutic agent. Cross indexing the Abstract File (No. 4) with the Indexed Article File (No. 3) is accomplished by entering the filing number of the abstract card on the Indexed Article File card bearing the same subject heading, e. g. anemia (See example Indexed Article File Card). The abstract should include the title of the article, the author or authors, the reference and a short summary of the article.

Short Cuts and Gadgets

Now I would like to mention some short cuts and gadgets.

Cellophane Tape in Colors. Cellophane scotch tape is now available in colors and may be put to many uses in your library, e. g. as each new catalogue is received in 1952, for instance, place a strip of red scotch tape across the cover. In this way you will know which catalogs are the most recent without having to fumble through them to see when they were printed. As the supplements are received, add a touch of scotch tape to the corner of the cover or some prominent place. Use Green for 1951 and if you still retain some copies of back years, use gray or blue etc. for these.

Kodak Dry Mounting Tissue. Kodak Dry Mounting Tissue is a wonderful aid in mounting clippings on cards e. g. the new products clipped from the pharmaceutical journals. This mounting tissue comes in sheets 5" x 8". Cut into ¼ or ½ inch strips. Attach about a ¼ inch square to each corner of your clipping with the point of a hot iron. Place the clipping in position on the card and press with a hot iron, (Temperature 185 to 250 degrees F.) for about ten seconds. The clipping and card remain flat and can be filed immediately. This method avoids any oozing of mucilage around the clippings and prevents one card from sticking to another in the file.

Rubber Stamps. A date stamp is a must in every library. Acquire the habit of dating every journal and pamphlet as it is received.

If the journals are circulated in your department or to other staff members, e.g. the members of your Pharmacy and Therapeutic Committee, have a rubber stamp made with the initials of these persons on it. Include the term Hospital Pharmacy Library. Each member receiving the journal checks off his name after reading it and passes it along to the next member on the list. The last member on the list returns the journal to the library. In this connection a slip of paper inserted in the front of the journal enables the members to note articles which they may wish indexed. When a journal is ready to be filed, you can see at a glance whether all the material has been recorded without leafing through the whole issue.

Stickers for Recording Periodicals. Paste a sticker on the outside of the x-ray carton or Magafile used to store the journals. Check off the month or week as the journal is received. If the journal has been checked and is not in the file, you will know that it has been received but is still circulating. If it has not been checked off, you will know that you have missed receiving an issue and be able to get in touch with the publisher to obtain that issue before it is too late.

It might be well to note on the sticker the day in the week or month the issues of each journal are usually received in your library. For example, *J. A. M. A.* usually comes to our library on Wednesday of each week.

Making The Most Of Your Library

1. If there are several members on your pharmacy staff, rotate the filing, clipping and clerical duties every few months. This will enable all members to become familiar with the system and will also stimulate their interest in the library. This shared responsibility will enable you to have some one in charge of your library during vacation periods and so avoid any lapses in continuity.

2. Review the daily routines of the library from time to time and using a stop watch to check the amount of time taken to perform each routine procedure. Perhaps, you will find some steps may be eliminated altogether or ways may be devised for making one process do the work of two.

3. Evaluate your library service from time to time. Keep a record of the requests received over a period and then determine which part of the system or which file is used the most. If time is a factor, some files may be eliminated altogether. Modify the system to suit your library and your staff.

4. Train yourself and your staff to use the accepted subject headings now being used in the classification of medical and pharmaceutical literature. Modify these headings by an adjective if further information is required. Avoid cross indexing by using "see also" references.

5. Eventually the time comes when space is at a premium regardless of what system is used. The best plan is to weed systematically, especially in the pamphlet file. When a new pamphlet is to be filed be sure the one of a previous date is removed. Or if it is still of value be sure it is stapled to the one just received. Your date stamp on each pamphlet showing the date it was received will be your guide in helping you discard material in these files.

After journals have been circulated and have served their purpose, and storage becomes a problem, if they are not available in other nearby libraries, it is well to have them bound so that the separate issues will not be lost. For those that are kept in other libraries, clip the articles you wish to keep and file them in the pamphlet file. Subject headings which are not already covered in your classification may be included under

chart four

include in your library

To make information concerning drugs readily available to both pharmacists and physicians, a hospital pharmacy library should include:

1. AN ALPHABETICAL INDEX FILE

This is a 3" x 5" card file of the pharmaceuticals on the market, arranged alphabetically by trade names.

2. A PAMPHLET LITERATURE FILE

This is a classified file of pamphlet literature arranged according to the therapeutic or pharmacological use of the product.

3. AN INDEXED ARTICLE FILE

This is a 3" x 5" card file of the articles appearing in current pharmaceutical and medical journals.

4. AN ABSTRACT FILE

This is a 5" x 8" card file of abstracts of journal articles of sufficient interest and value to retain a permanent record.

miscellaneous, clippings, etc. in a separate division. In this connection be sure to withdraw the card from the Indexed Article File and note on it where the material is transferred.

As the new indexed volumes are published and acquired, e. g. *Modern Drug Encyclopedia* and *New and Nonofficial Remedies,* go through the Alphabetical Index File and take out any cards that are duplicates of the material in these volumes. This will leave room for the new products to be added during the year.

The Future

Dealers in filing and indexing equipment and commercial information bureaus are becoming increasingly aware of the needs of the pharmaceutical profession with regard to the filing and indexing of pharmaceutical information. I would now like to demonstrate two of the newer ideas which have been worked out by two of these companies.

A. DIRECTORY OF PRESCRIPTION SPECIALTIES

The first is the Directory of Prescription Specialties. This directory is the adaptation of punched cards or "the Keysort" system to the indexing and storage of information on pharmaceutical specialties.

In brief, the Keysort system, as it is called is a method of punching index cards which are notched along the edge according to a code so that they may be accurately sorted and resorted by means of a long needle. This needle is passed through the file removing all cards notched in a certain position. The cards remaining on the needle are set aside. The cards which have dropped out are picked up and are ready for quick reference.

The Directory of Prescription Specialties consists of a Code Book, a special file box containing the punched cards and a needle for sorting the cards.

Under the system, products may be located three ways:

1. By the therapeutic classification of the product
2. By the trade name of the product
3. By the name of the manufacturer.

The Code Book contains:

1. A list of the products described in the Directory arranged alphabetically by trade names.
2. An alphabetical list of the manufacturers whose products are included in the Directory. Under the name of each manufacturer are listed all the products of that firm.
3. A Code or therapeutic classification of pharmaceutical specialties similar to the decimal classification described under the "Suggested Subject Headings for the Literature File" on pages 2, 3, 4 and 5 of the summary.
4. A supplementary therapeutic index which lists alphabetically terms not given in the therapeutic classification. e.g. Hypertension, see also vasodilators.

The Cards contain:

Each card contains three or more monographs for three or more different products listed in the directory, as you will see by looking at the sample card. Each monograph lists the trade name of the product, the name of the manufacturer, and the therapeutic classification of the product. Other information is listed under the headings of description, indications, administration and supply.

The thirty divisions of the therapeutic classification: Analgesics, Anesthetics, Antispasmodics, etc. are notched in the holes 1 - 30 at the top of the card called the Main Index. The decimal notations are notched on the right hand side of the card in the Decimal Code. Nine holes are used for the first number after the decimal point and ten holes are used for the second number after the decimal point. The thirty holes on the bottom of the card are used for cross referencing, e.g. cardiovascular agents combined with sedatives. The holes on the left hand side of the card are used to locate information about a product if the trade name of the product is known.

Examples:

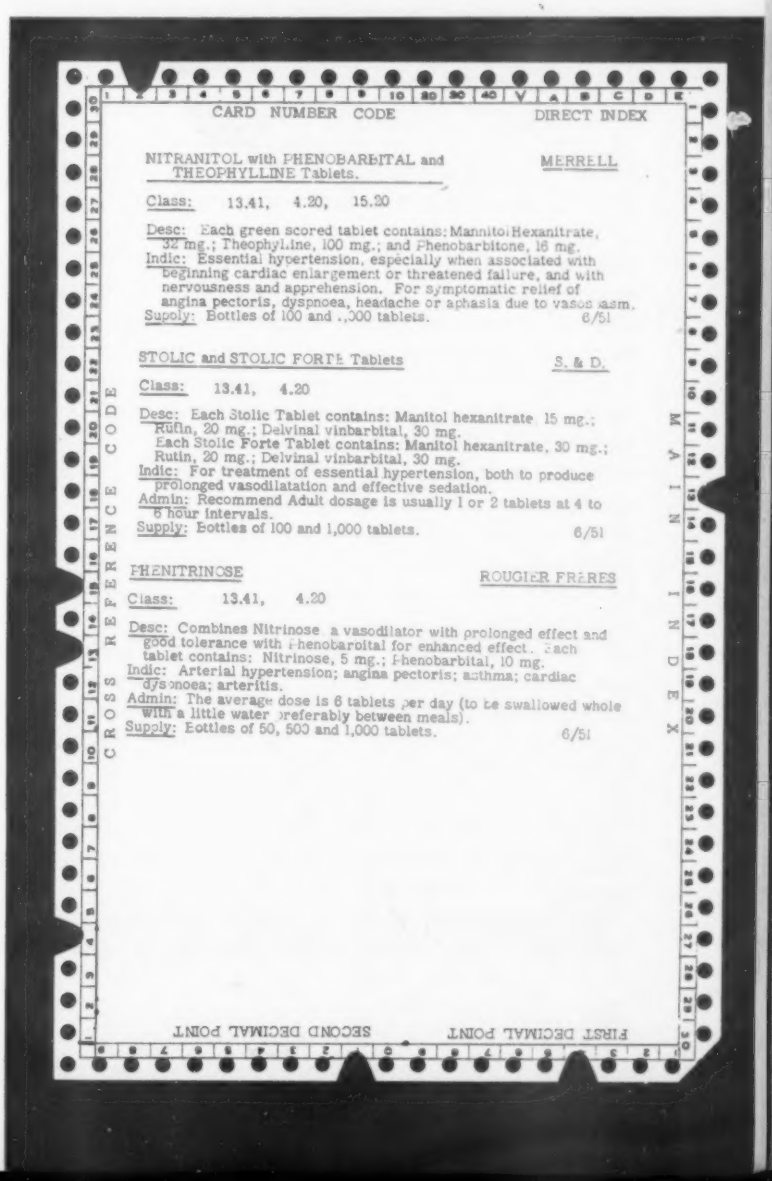
1. To locate information on a particular group of products:
   e.g. *coronary vasodilators.*
   a. Look up the therapeutic classification in the therapeutic code in the Code Book for *coronary vasodilators,* which you will find is 13.41.
   b. Insert the needle in hole number 13 in the Main Index at the top of the cards and all the cards containing preparations that are classified as cardiovascular agents will fall out. Set aside the cards remaining on the needle and pick up the cards which have dropped out.
   c. Using the cards containing preparations classified as cardiovascular agents, insert the needle in the hole in the Decimal Code corresponding to the first number after the decimal point, number 4. All the cards containing preparations that are classified as vasodilators will drop out. Set aside the cards that have dropped out.
   d. Using the cards containing preparations classified as vasodilators, insert the needle in the hole in the Decimal Code corresponding to the second number after the decimal

point. All the cards containing preparations classified as coronary vasodilators will drop out.

2. To locate information on a product or group of products with specific specifications: e.g. a *cardiovascular agent* combined with a *sedative* and a *diuretic*.
   a. Look up the therapeutic classifications in the therapeutic code in the Code Book for *cardiovascular agents,* number 13, *sedatives,* number 4, and *diuretics,* number 15.
   b. Using the Cross Reference Code on the bottom of the cards, insert the needle in hole number 13 and all the cards containing preparations classified as *cardiovascular agents* will fall out.
   c. Pick up these cards again using the Cross Reference Code, insert the needle in hole number 4. All the cards containing preparations that are classified as *cardiovascular agents* and also contain a *sedative* will drop out.
   d. Pick up these cards and again using the Cross Reference Code, insert the needle in hole number 15. All the cards which contain preparations that are classified as *cardiovascular agents* which also contain a *sedative* and a *diuretic* will fall out.
3. To locate information on a product if you know the trade name.
   a. Look up the trade name in the Trade Name Index in the Code Book. e.g. *Stolic Tablets,* No. 13 - 2.
   b. Insert the needle in hole number 13 of the Main Index. Set the cards aside which remain on the needle. Pick up the cards which have fallen out.
   c. Take the cards which have dropped out and insert the needle in the hole in the Card Number Code on the left hand side of the card corresponding to the number after the dash. e.g. number 2. One card containing the monograph for *Stolic tablets* will fall out.

A few important features of the Directory of Prescription Specialties are:

1. Cards do not have to filed or replaced in any particular order. A single card can therefore never get out of place.
2. The Directory is always up to date because it is serviced by monthly supplements, which do not



Each card contains three or more monographs. Each monograph lists the trade name of the product, the name of the manufacturer and the therapeutic classification.

require any work on the part of the pharmacist.
3. The manufacturer claims that with a little practice, a monograph on any product can be located within 35 seconds.
4. Since all the products in the Directory are cross referenced according to their therapeutic classifications, by a series of sortings, any product with specific specifications may be located even though the name of the preparation is not known. The card with the monograph of this particular pharmaceutical specialty can be extracted, even though there may be only one such product in the thousands of preparations indexed.
5. Since the therapeutic code used by this directory is similar to the system of therapeutic classification as described in the summary under "Subject Headings for Literature File," this Directory of Pharmaceutical Specialties could be substituted for file No. 1 or the Alphabetical Index File in a Hospital Pharmacy Library using this classification system.
6. This is a Canadian product and contains monographs of Canadian Pharmaceutical Specialties as well as British and American specialties sold in Canada. For further information write to Directory Prescription Specialties, 20 Westrose Ave., Toronto 18, Canada.

B. RONEO "VISIBLE 80" FILING SYSTEM

The Roneo "Visible 80" Filing System, a system of visible filing is particularly adaptable to the filing of material which varies in size and shape, such as pharmaceutical pamphlets.

To equip a legal or letter size filing drawer with this system, a metal cradle is inserted in the drawer. This cradle insert supports filing pockets, which are hooked together and slide forward and backward along the cradle. The visible index is contained in plastic channels, which slip over the metal strips on the top of the filing pockets. Colored title strips and colored metal pocket strips are used to indicate the divisions and subdivisions of the index. In each filing pocket is a removable filing folder, which bears the same label as the filing pocket. A sundry folder, composed of several filing folders may be used in a filing pocket for miscellaneous material. An index on the outside of the sundry folder indicates in which section the material is filed. An expansion folder with an expandable bottom may be obtained for bulky material. If the Roneo Visible 80 filing system is used for filing pharmaceutical pamphlet literature, all the information in the therapeutic classification described in the summary may be indicated in the visible index on the top of the filing drawer.

The advantages of this type of filing system are numerous. The visible index provides a rapid

reference. Since the inner folders bear the same title as the filing pockets, refiling the folder in the folder in the proper pocket presents no difficulty. The edges of the inner folders do not become frayed and worn with use because frantic searching through many folders is eliminated by the use of the visible index. The transparent card holders, affixed to the channels of the pockets, preserve the visible features of the pockets. They also provide a flat surface on the top of the filing drawer on which to inspect the material in the folder. The filing pockets are hooked together under the metal channel strips so that no material may fall out of the filing pocket and become lost, even if it is allowed to slip out of the inner folder. A new filing pocket may be inserted in the drawer at any point without refiling the whole drawer. For further information on the Roneo "Visible 80" filing system, write to Roneo Company, 70 Wellington St., W., Toronto, Canada.

C. ALPHABETICAL INDEX CARDS

In the*Alphabetical Index Cards* distributed by the Rexall Drug Company of Canada, you will note that in the upper right hand corner they bear a numerical therapeutic classification corresponding to the Decimal Classification used for the "Suggested List of Subject Headings," described in the summary. Last year these cards were distributed to the pharmacy students at the University of Manitoba, who were preparing files of information on pharmaceutical specialties arranged alphabetically by trade names. A cross referenced file of literature could easily be set up by adding this therapeutic classification number to the pamphlet and then filing the pamphlet numerically.

If a standardized classification of pharmaceutical specialties could be adopted, more manufacturers might be persuaded to put out their litera-

ture classified in this way and supply uniform catalog cards for your Alphabetical Index Card File of trade names.

Conclusion

In conclusion I would like to draw your attention to one other point. Although this presentation may have appeared rather involved and complicated due to the short time at our disposal, I hope that each of you has obtained some information on filing and indexing methods which will be adaptable to your own problems in your own hospital pharmacy libraries. I trust that you will find the use of the decimal classification a simple means of sorting and filing pamphlet literature, regardless of how the material is stored.

Since the *Minimum Standard for Pharmacies in Hospitals* has established the operation of a library in the hospital pharmacy as one of the duties of the hospital pharmacist, it is time that a standardized system of library practices for Hospital Libraries be drawn up. This has been done for the other special libraries in the hospital, such as the Hospital Medical Library, the Nurses' Library and the Patients' Library. These are all described in Chapter XIV in the book *Hospital Organization and Management* by Dr. Malcolm T. MacEachern.

To set up a standardized system of library practices for a Hospital Pharmacy Library would involve the cooperation of all branches of pharmacy. Years of usage by various groups would perhaps be necessary to determine the scope and arrangement of the classification of pharmaceutical literature alone. The problems involved may be appreciated by reviewing the development of the Nurses' Library in Hospitals which dates back to 1886. It was not until 1936, fifty years later, that the National League of Nursing Education published *A Library Handbook for Schools of Nursing.* This book was prepared by a committee of nurse educators, nursing school librarians and representatives from the American Library Association, the Medical Library Association, and the American Hospital Association.

You, as hospital pharmacists, should take the lead in setting up a standardized system of library practices for hospital pharmacy libraries by pooling your individual methods and ideas on the subject at hospital pharmacy institutes and regular meetings of the American Society of Hospital Pharmacists. Then leaders in pharmaceutical education, the American Library Association, the Medical Library Association, and the American Hospital Association might be willing to lend a hand in shaping a "Library Handbook for Hospital Pharmacy Libraries."

A standardized system of library practices for all hospital pharmacists, to be a success, should be simple with routines streamlined to take as little time as possible. The organization should be such that the chief pharmacist can delegate the clerical work to others in the department and during rush periods or absence from the Pharmacy, appoint an assistant to carry on and so preserve the continuity of the project. Classifications, used for indexing material should be sufficient in scope and arrangement to meet the needs of the Pharmacy of a large teaching hospital and at the same time, be adaptable to a less extensive collection in a small hospital.

The advantages of a standardized system of library practices for Hospital Pharmacy Libraries are many. Every hospital pharmacist would be able to provide the best in hospital pharmacy library service with a minimum of effort. Interns, nurses, and doctors who serve from time to time in different institutions would find the same system employed in each hospital and would be encouraged to make more use of this service of the Pharmacy Department. If the system adopted included a classification, sufficient in scope and arrangement such that it could be used by professional pharmacies, medical clinics, large retail stores, so much the better. Then pharmaceutical manufacturers could be induced to classify their literature as it is published and supply catalog cards with each pamphlet, knowing that more of this material would find its way into filing drawers instead of waste paper baskets.

In this discussion I have tried to present some suggestions for setting up a library and reference service for hospital pharmacies. In addition, I hope this presentation has served to stimulate your interest in the necessity for the establishment of a standardized system of classification for pharmaceutical specialties and pharmaceutical literature, a project so greatly needed by all branches of pharmacy.

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THERAPEUTIC TRENDS

New trends in medicine and pharmacy include TRITON A-20 — PROTAMIDE FOR HERPES ZOSTER — COMPOUND F IN EYE DISEASE — STILBAMIDINE — ACTIDIONE — CAROB FLOUR — PROBENECID — NEOMYCIN

Edited by LEO F. GODLEY

Triton A-20 for Thinning Secretions

This detergent, Triton A-20, is an alkylaryl polyether alcohol. Its lack of toxicity on living cells in contrast to other detergents studied renders this agent therapeutically preferable for application to mucous membrane.

Bronchial obstruction due to viscid mucous exudate has long been a complicating factor in neonatal atelectasis, croup, bronchitis, pneumonias, asthma, bronchiectasis, and tuberculosis. A solution of Triton A-20, furnished by Winthrop-Stearns, when administered as an aerosol with a DeVilbiss No. 40 apparatus, was effective in thinning the secretion and enabling the patient to cough up the exudate more easily.

Miller and Boyer of Mobile, Alabama, did extensive toxicity studies on animals and their data indicate that no toxic effects were noted. They report further, in *J. Pediat.* 40:767 (June) 1952, that an aerosol (0.1 percent) has been used without undue effect for two hours daily for six months in childhood tuberculosis; and in 0.5 percent aerosol for 24 hours for several days in severe croup, asthma, and neonatal atelectasis.

Protamide For Herpes Zoster

Protamide is a denatured proteolytic enzyme from the mucosal layer of the hog stomach. Combes and Canizares at New York University reported in the *N. Y. State J. Med.* 52:706 (March) 1952, that, administered intramuscularly, this material displayed a beneficial action in herpes zoster. This study involved a total of 50 patients with active herpes zoster with the following results after four injections of 1.3 cc.: excellent, 58 percent; satisfactory, 20 percent; and unsatisfactory, 22 percent.

Those patients experiencing excellent results had complete relief of pain and eruptions. It is thought that if Protamide had been given for a longer period of time and in larger doses that some of the unsatisfactory results might have been improved. No patient who experienced satisfactory or excellent results had post herpetic neuralgia.

Protamide, according to these investigators, has no hemolytic effects on erythrocytes or other hemic elements. Chronic toxicity studies on rats and rabbits revealed no significant effect on general health or growth. No complication or sensitization was noted in these patients as a result of Protamide therapy.

Compound F in Eye Disease

Steffensen and co-workers at Henry Ford Hospital in Detroit, reporting in *Am. J. Ophth.* 35:933 (July) 1952, used a local application of Compound F (17-hydrocortisone acetate) for anterior segment diseases of the eye. It was felt that results obtained were equal to, if not superior, to those obtained with cortisone applications. Some conditions showing improvement under this therapy were as follows: acute plastic iritis, acute iritis, traumatic iritis, marginal corneal ulcers, vernal bulbar conjunctivitis, allergic conjunctivitis, phlyctenular keratoconjunctivitis, leutic interstitial keratitis.

The preparation used in the above study was composed of 1 part of 2.5 percent suspension of 17-hydrocortisone acetate diluted with 4 parts of 1:5000 Zephiran Chloride solution.

Stilbamidine In Systemic Blastomycosis

Stilbamidine is a white crystalline powder, soluble in water. It is quickly affected in light and this deterioration brought about by light results in a product that is highly toxic. Solutions for use must be prepared immediately before administration.

Systemic blastomycosis is a highly fatal disease characterized by pulmonary infection and widespread distribution of lesions of the subcutaneous tissues. Potassium iodide is curative in some cases but is contraindicated in patients who are allergic to the fungus which causes the disease (*Blastomyces*

dermatitidis). If iodides are used, the individual should first be desensitized to the fungus.

In this study reported in *Ann. Int. Med.* 37:31 (July) 1952, four patients were treated with stilbamidine. Dosages used were 50-150 mg. intravenously once a day. It was given in two or three courses until a total of 4.5—6 Gm. were given. Stilbamidine is toxic in large doses; toxicities include renal and hepatic damage and a depressant action on the circulatory apparatus. In long term therapy, such as reported here, a trigeminal neuropathy is often evident. This neuropathy is annoying but not disabling and is much more desirable than the disease. Other reports since this study have confirmed the value of stilbamidine in blastomycosis.

The stilbamidine diisethionate used in this study was furnished by Merck and Company.

Actidione in CNS Cryptococcosis

Actidione is an antibiotic and like streptomycin is produced by the organism *Streptomyces griseus.* It is extracted from the beer by organic solvents. Actidione is effective against gram positive organisms and exhibits fungicidal activity. The fungus *Cryptococcus neoformans* is the etiological agent responsible for CNS cryptococcosis. The mortality rate of this disease is 86 percent.

This study reported in *Ann. Int. Med.* 37:123 (July) 1952 showed that no outstandingly curative powers were elicited by actidione for this disease; but two out of four cases showed definite improvement under therapy with the antibiotic. The drug was given intramuscularly, intravenously, and intrathecally. The dose has not been properly determined. Nausea and vomiting were the chief side effects encountered; this was counteracted by Dramamine and was considered to be produced by a central mechanism.

Actidione used in this study was furnished by The Upjohn Co.

Carob Flour in Infantile Diarrhea

Carob flour is obtained from the fruit of the carob tree, *Ceratonia siliqua,* a leguminous plant native to the shores of the Mediterranean. The fruit is rich in sugars (49 percent); low in protein (4 percent). It is rich in lignin and pectin.

Abella's study on 600 pediatric cases of diarrhea hospitalized in the General Hospital in Fresno, California was published in *J. Pediat.* 41:182 (August) 1952. The flour was mixed with whole or skim milk and used as an adjunct in the dietetic therapy of diarrhea. It shortened the course of the disease and hence the hospital stay.

Half of this series of patients was treated with carob flour and half was treated with other therapeutic agents. Statistically, those treated with carob flour showed formed stools in 1.16 days as opposed to 6.08 days for the control group. Those treated with carob were consequently hospitalized 3.3 days less than the control group. This group of patients was largely under one year of age. Carob flour, however, may be used in the treatment of diarrhea for any age level.

Carob flour is marketed by the Nestle's Company under the trade name of Aroban.

Probenecid to Decrease Excretion of Pas

Para-aminosalicylic acid is readily absorbed from the GI tract and rapidly excreted in the urine. PAS in the amount of 12 Gm. daily appears to be the optimum dose in combination with streptomycin for the treatment of tuberculosis. Many patients cannot tolerate this quantity and develop gastrointestinal distress. It was reported in *Am. Rev. Tuberc.* 66:228 (August) 1952, that the concomitant administration of Probenecid in doses of 2 Gm. daily would decrease the effective daily amount of PAS to 8 Gm. In this connection, a report in the *Proc. Soc. Exp. Biol.* (March) 1952, indicated that probenecid was also effective in inhibiting the tubular excretion of penicillin in much the same manner as does Caronamide but that Probenecid was more effective.

The mechanism of this action appears to be concerned with the inhibition of an enzyme system that has to do with the combining of PAS with glycine. This conjugate, persumably, is excreted more rapidly than is free PAS.

Probenecid is marketed by Sharp and Drohme as "Benemid." It is recommended for the treatment of gout on the basis that it increases the excretion of uric acid. A recent report in *J. Am. Med. Assoc.* 149:1188 (July, 26) 1952 showed that it was an effective promoter for the excretion of uric acid but that it was contraindicated in renal dysfunction and that aspirin given in connection with this drug annuls the effect on uric acid excretion.

Neomycin As Intestinal Antiseptic

Neomycin is reported to be "the most effective single agent" for use as an intestinal antiseptic according to a report in the *Western Journal of Surgery, Obstetrics and Gynecology* (May, 1952). In a study on 350 patients, it was found that Neomycin eliminated all organisms from the gastrointestinal tract within two and a half hours after its administration under ideal conditions. It will ordinarily eliminate all bacteria within 24 hours. As a result of this therapy, the length of preoperative preparation for intestinal surgery can be sharply cut.

TIMELY DRUGS

CO-PYRONIL . . . Lilly's new antihistaminic compound, is now reported to not only control hayfever symptoms after they have become apparent, but to also prevent symptoms from appearing. The new prophylactic dosage schedule recommended for patients who in past seasons have had mild symptoms is one pulvule of Co-Pyronil every twelve hours; for moderate symptoms, one pulvule every eight hours; and for severe symptoms, two pulvules every eight hours.

* * *

GANTRISIN DIETHANOLAMINE OPHTHALMIC OINTMENT . . . is a new sulfonamide ointment effective in many eye infections such as "pink eye" and "swimming pool conjunctivitis." The ointment is well tolerated and easy to apply. The special water-in-oil emulsion base, which allows for gradual release of Gantrisin Diethanolamine in aqueous solution at a physiologic *p*H, provides better tolerance and longer-lasting antibacterial action in the eyes. It is also stable and does not require refrigeration.

* * *

GEVRABON . . . is a new vitamin-mineral supplement for geriatric patients. Available from Lederle Laboratories, Gevrabon is a pleasant-tasting elixir containing the B factors, iron, iodine and other minerals essential for good nutrition in older patients, plus 18 percent alcohol.

* * *

HEDULIN . . . is a new oral anticoagulant recently available from Hed Pharmaceuticals, Inc., New Rochelle, N. Y. Chemically, it is 2-Phenylindane-1, 3-dione and is reported to be substantially safe, of relatively low toxicity and economical. Hedulin rapidly lowers the prothombin activity of blood, and is therefore effective in prophylaxis and treatment of intravascular clotting. It is useful in thromboembolic disease, including thrombophlebitis, pulmonary embolism, phlebothrombosis, coronary, aortic, cerebral, postpartum and postoperative thrombosis.

HYDROLOSE FORTIFIED . . . is a new bulk-producing laxative containing laxatives in addition to methylcellulose. Available from The Upjohn Company, Hydrolose Fortified is available in a palatable syrup. The dosage for adults is one tablespoonful followed by a glass of water, once daily in the evening or as directed by the physician. For children, the dosage is one to two teaspoonfuls with water, once daily.

* * *

'INH' . . . is Lilly's name for the new anti-tuberculosis drug, Isoniazid. For the present, the recommended use of 'INH' is limited to the treatment of TB victims who are not responding satisfactorily to streptomycin therapy. The package labels state that it is "for use in the treatment of streptomycin-resistant tuberculosis, under close supervision of a physician." The new drug 'INH' is known to have been used effectively in some cases of miliary tuberculosis and tubercular meningitis, which are frequently fatal.

As yet there has not been sufficient study to determine the ultimate place of 'INH' in the treatment of tuberculosis. It is estimated that 4,000 tuberculosis patients are now under treatment with new drugs of this type.

There is some concern about the possible effects of indiscriminate use inasmuch as some investigators have reported the emergence of resistant strains of tubercle bacilli after varying periods of treatment with this substance. For this reason, it is felt that 'INH' should be reserved for use in selected cases in which it may serve as a life-prolonging or even lifesaving measure.

* * *

ISOLYN . . . is Abbott's name for Isoniazid, recommended as an adjunct to treatment of streptomycin-resistant tuberculosis or tuberculosis not responding to previous therapy. To date, Isoniazid has been primarily employed where prolonged medical and surgical treatment have failed to check chronic or far-advanced cases of TB. It has shown good results in miliary and meningeal tuberculosis and tuberculosis of bone and joint have been favorably affected.

NEOMYCIN . . . in 0.5 Gm. tablets has been released by The Upjohn Company. Neomycin sulfate tablets are used in preparing a patient for gastrointestinal surgery, where it is important to include an agent which is capable of eliminating or suppressing the bacterial inhabitants of the bowel, as well as measures for emptying the bowel of its contents. The properties of Neomycin meet the requisites of an antibacterial agent for this purpose. These properties include rapid antibacterial action against both gram-positive and gram-negative organisms; poor absorption in the gut, thus confining the action to the entire gastrointestinal tract; maintenance of potency in the presence of gastrointestinal secretions, products of digestion and of bacterial growth; low index of sensitivity; and ability to aid healng.

* * *

PENTIDS SOLUBLE TABLETS . . . the first soluble penicillin tablets containing 200,000 units of penicillin G potassium, have been made available as a companion dosage form of Pentids. The Soluble Tablets are especially intended for use by the pediatrician for infants and children, and for adults who object to swallowing ordinary tablets. Readily soluble in water, milk formulas and fruit juices, Pentids Soluble go into solution within 45 seconds. They are available from E. R. Squibb and Sons in bottles of 12 and 100.

* * *

POLYSAL . . . is a balanced electrolyte solution developed by Cutter Laboratories. It simulates the electrolytes found in normal plasma more closely than any other intravenous fluid on the market and in addition; provides potassium and bicarbonate in twice the normal concentrations. Polysal is said to speed up recovery processes of the patient, reducing fatigue and weakness.

* * *

PRANTAL METHYLSULFATE . . . is now available for both oral and injection therapy in treating patients with ulcers. Supplied by Schering Corporation, Prantal is diphenmethanil methylsulfate. It is indicated in peptic ulcer and other acute conditions associated with hyperacidity or hypermotility of the stomach. The recommended dosage of the injection is 0.5 mg./Kg. four times daily or adjusted as necessary. After control of acute symptoms, therapy should be continued for 25 to 48 hours. Prantal methylsulfate tablets are recommended for maintenance therapy.

* * *

SANTOPHEN 1 SOLUTION . . . is now available in liquid form from Monsanto Chemical Company in commercial quantities. This product, which is effective against both fungi and bacteria, consists of 75 percent by weight Santophen 1 and 25 percent isopropanol. In addition to its stability and ease of handling, the solution eliminates one step in preparing germicidal formulations which involve the use of isopropanol.

Santophen 1 has been formulated for a variety of purposes, including sanitizing restrooms, disinfecting floors, walls and equipment in hospitals, deodorizing garbage cans, and treating locker rooms and swimming pool premises for the control of athletes foot.

* * *

TRIGESIC TABLETS . . . (Squibb Analgesic Compound), a rapid-acting analgesic and antipyretic compound including acetyl-*p*-aminophenol, aspirin and caffeine, have been returned to the market together with Trigesic with Codeine Tablets for use on prescription, according to E. R. Squibb and Sons. This preparation was voluntarily withdrawn from the market in February, 1951, for further clinical investigation following three reports of granulocytopenia possibly due to the drug. Exhaustive review of the data in the three case reports and further extensive controlled studies have confirmed its safety and superior analgesic action.

Acteyl-*p*-aminophenol is the safe therapeutic metabolite of acetanilid. It has the advantages of acetanilid as an analgesic and an antipyretic, without its disadvantages. It is non-opiate and non-addicting. Trigesic is particularly useful for neuralgic and musculoskeletal pain and is especially recommended for severe pain arising in the central nervous system. Trigesic with Codeine tablets are indicated for severe pain originating in the central nervous system and also to provide relief from traumatic pain.

Trigesic is contraindicated in individuals with a low white cell count, such as 5,000 or below, and in patients hypersensitive to the components of Trigesic.

* * *

VERGITRYL . . . in tablet form, is Squibb's name for the ester alkaloid fraction of *Veratrum viride*. Indicated in controlling hypertension, Vergitryl is best used in combination with other hypotensive drugs, on an intermittent basis, or for short term therapy. This is recommended because of the possibility of toxic effects in some patients. Because of the difficulty of adjusting the dose, close observation of the patient is essential and hospitalization may be advantageous. The margin between the effective dose and the emetic dose is narrow, and may be non-existent. The most frequent side effects are salivation, epigastric burning, nausea and vomiting.

the Veterans Administration

PHARMACIST

Edited by EDDIE WOLFE, *Mt. Alto Veterans Hospital, Washington, D.C.*

MEET A VETERANS ADMINISTRATION PHARMACIST

MR. DOMINIC V. SPIOTTI has been associated with pharmacy since 1919, graduating from the Massachusetts College of Pharmacy in 1926. Upon graduation he accepted the position of chief pharmacist at the Veterans Hospital, Rutland Heights, Massachusetts where he was stationed until his transfer to Veterans Administration Hospital, Fayetteville, North Carolina in 1948. He served as chief pharmacist at this activity until his appointment in Central Office. He is a member of the American Pharmaceutical Association and the American Society of Hospital Pharmacists.

Mr. Spiotti is a Field Supervisor in the Pharmacy Division, Veterans Administration, Central Office, Washington, D. C. He is concerned with the over-all supervision and administration of pharmacies in Veterans Administration hospitals and outpatient clinics. On periodic official visits to field activities he supervises operating procedures and general management of field station pharmacies and consults with managers and other professional personnel to resolve problems affecting the pharmacy and their respective services.

In addition to supervisory responsibilities, Mr. Spiotti participates in administrative and operational functions of the Pharmacy Division in Central Office. A major portion of his time is devoted to the standardization of drugs accomplished by reviewing and revising specifications and physically examining samples of drugs prior to their release to field activities, the review of recommendations for new drugs, and the compilation of clinical data on drugs which are in the clinical stages of evaluation.

MR. ARTHUR J. DAVIS, Chief of the Veterans Administration Pharmacy Division Training Section was formerly chief pharmacist at the Veterans Administration Hospital at Ft. Thomas, Kentucky.

Mr. Davis received his B.S. degree from the Ohio State University in 1942 and entered the army in July of the same year. After graduation from the Field Artillery School at Ft. Sill, Oklahoma, he served as a Field Artillery Observation Pilot with the 1st Armored Division during the Italian Campaign. Upon separation from active duty in 1945, he joined the Ohio National Guard and served until called to Washington, D. C. He currently maintains a commercial and instructor's pilot license.

After the war, Mr. Davis returned to retail drug practice and was chief pharmacist at the Cincinnati General Hospital, a 1,000 bed General Medicine and Surgery institution affiliated with the University of Cincinnati Medical School, for a short time before entering government service with the Veterans Administration. While at the Cincinnati General Hospital, Mr. Davis partici-

pated in a reorganization program in cooperation with the Cincinnati College of Pharmacy. The huge pharmacy was reorganized to serve as an indoctrination center in hospital pharmacy for the senior students of the College of Pharmacy. He also assisted in the development of an inexpensive all-glass enclosed system for the production of large volume parenteral solutions at the Hospital.

Mr. Davis organized the pharmacy for the opening of the VA Hospital at Ft. Thomas, Kentucky in 1947 and served as chief pharmacist until called to Washington in 1951. While at Ft. Thomas he attended the University of Cincinnati Evening College majoring in related pharmacy subjects.

As Chief of the Pharmacy Training Section, Mr. Davis has been particularly interested in the development of a combined hospital pharmacy residency and academic course leading to a M.S. degree in Pharmacy and the institution of in-service training courses to supplement the annual Institutes on Hospital Pharmacy. The pilot pharmacy residency program, which is being established at the Veterans Administration Center at Los Angeles in cooperation with the University of Southern California, will begin at the opening of the Fall Semester at the University this year. In addition to the training programs, consideration is being given to the issuance of a periodic Information Bulletin from Central Office.

Mr. Davis is a member of the American Pharmaceutical Association and American Society of Hospital Pharmacists.

VA Inaugurates Graduate Program

Inauguration of the first Veterans Administration program for graduate study in hospital pharmacy took place on Wednesday, September 10 at the VA Center in Los Angeles, Calif. Four men, chosen in a nationwide examination from a field of 40 applicants, will enter the University of Southern California for two years of graduate work leading to the degree of Master of Science. The students, known as Pharmacy Residents, will live at the VA Center in Los Angeles and get on-the-job training there in hospital pharmacy in addition to the academic work.

Members of the first class are Anthony F. Aiello of 24-10 46th St., Astoria, N. Y., a graduate of Fordham University; Ben Kaufman, 1424 Crotona Park E., Bronx, a graduate of Columbia University; Wendell Hill, 937 63rd St., Oakland, Calif., a graduate of Drake University, and William Strohbeck, 1340 S. Floyd St., Louisville, a graduate of the University of Kentucky.

The students in the VA program have all been employed as registered pharmacists recently. Aiello has been working for the Canis Pharmacy, formerly Eimer and Amend Apothecary, 49 E. 34th St., New York. Kaufman has been employed by the Bronx Terrace Pharmacy. Hill was with the Rhodes Medical Supply in St. Louis. Strohbeck was a pharmacist in the Jewish Hospital, Louisville.

VA Inaugurates Residency Program.
LEFT TO RIGHT: *E. Burns Geiger, Charles G. Towne, Dean Alvah Hall and Dr. Orville Miller*

They will study new product development and formulation, advanced pharmacology and pharmacy manufacturing, chemistry and bacteriology, do research, participate in a graduate seminar and write a thesis.

To inaugurate the course, a dinner was held at the VA Center on September 10 in conjunction with the Southern California Chapter of the AMETICAN SOCIETY OF HOSPITAL PHARMACISTS. Included on the program were E. Burns Geiger, chief of the Pharmacy Division and Arthur J. Davis, chief of the Training Section of the Division, both from the Central Office in Washington.

They met with Mr. Charles G. Towne, chief of the pharmacy service at the VA Center in Los Angeles and a lecturer in hospital pharmacy at Southern California; Dean Alvah G. Hall of the Southern California School of Pharmacy and Dr. Orville H. Miller, also of the faculty of the S. C. School of Pharmacy.

Other participants in the inaugural meeting were Mrs. Norma Irish, president of the Southern California Chapter, ASHP; R. A. Bringham, Manager, VA Center, Los Angeles, Thomas F. Barrett, M.D., chief professional services, VA Center; Leroy R. Bruce, director of Los Angeles County General Hospital; Walter Hitzelberger, chief pharmacist, Los Angeles County General Hospital; and Samuel H. Bassett, M.D., chief medical research, VA Center

CURRENT LITERATURE

Edited by SISTER MARY ETHELDREDA, *St. Mary's Hospital, Brooklyn, N.Y.*

American Professional Pharmacist

MAY, 1952 — "Hospital Pharmacy Internships Planned by Government Services." Describes the "internships" and Specialty Training Programs geared for pharmacists planning careers in government institutions of the United States Public Health Service and the Veterans Administration. *page 440*

JUNE, 1952—"The Pharmacist and the Hospital Team" by Paul Parker. A presentation of the position and the responsibilities of the hospital pharmacist in meeting of the needs of the institution. *page 534*

JULY, 1952—"Purchasing in the Hospital Pharmacy" by Jerome M. Yalon. A summary of established purchasing policies in some leading institutions. *page 624*

"A Simple Ampoule-Washing Device" by Douglas G. Wood. Describes a simple apparatus set up from standard equipment. *page 630*

Hospital Management

MAY, 1952—"How Good are the New TB Drugs?" by Steven M. Spencer. A reprint from the *Saturday Evening Post* giving a sober look at the publicized miracle drugs. *page 116*

JUNE, 1952—"Newer Approved Drugs and Drugs Now Under Clinical Study," by Paul L. Wermer. The first in a series of articles on newer drugs. Describes the action and properties of isonicotinic acid hydrazide. *page 78*

"Pharmacy Operation Brochure for Nurses," by Dorothy E. Tobin. Describes an effective method of disseminating information to nursing personnel. *page 83*

JULY, 1952—"Pharmacy Department." This issue dedicated to New York Hospital gives a detailed description of the scope of activity of the pharmacy at the institution. *page 48*

"Newer Approved Drugs and Drugs Under Clinical Study," by Paul L. Wermer. Section Two of a paper which began in the June issue. *page 88*

Hospital Progress

JUNE, 1952—"Spiritualizing Pharmacy Service" by Sister Elizabeth Joseph. A few thoughts and suggestions on how to live the life of Christ during the hectic hours of pharmacy duty. *page 80*

Hospitals

MAY, 1952—"Purchasing Standardization Needs Medical Staff Cooperation" by W. W. Buss. Describes the make-up of a purchasing committee within an institution and outlines the objectives of this group.

JUNE, 1952—"Management Guide—Pharmacy," by John J. Zugich. Describes through check lists the: Organization, Functions, Physical Facilities, Personnel, Records and Reports, Charges and Selected Bibliography. *page 55*

JULY, 1952—"Boric Acid—Poisonous Chemical and Doubtful Antiseptic," by Charles U. Letourneau, M.D. Discusses the danger of this relatively ineffective drug when used especially on infants. *page 82*

J. Am. Pharm. Assoc., Pract. Pharm. Ed.

JUNE, 1952—"Hermetically Packaged Water and Surgical Fluids," by George F. Archambault. Discusses the need for surgical fluids in sterile vacuum containers. *page 415*

Modern Hospital

MAY, 1952—"Central Nervous System Stimulants" by Vernon G. Vernier, M.D. A concise yet thorough presentation of the commonly used analeptics. *page 102*

JUNE, 1952—"Effects of Atropine on the Central Nervous System," by Ellen Eva King. Describing the blocking action of atropine on the parasympathetic nervous system, the clinical applications and toxic effects are also discussed. *page 104*

JULY, 1952—"Primer on Toxicology" by W.J.R. Camp, M.D. A topical outline of the salient facts about some of the common poisons. *page 104*

Southern Hospitals

MAY, 1952—"With the Hospital Pharmacist" by Joe Vance. An editorial on an article concerning the cost and charges of medicaments to hospital patients which appeared in a popular magazine. *page 72*

AUGUST, 1952—"Texas Roundup." Another commentary on drug charges. *page 52*

"Drug Pricing" by Howard Clem. A discussion of methods of arriving at a drug charge and the attitude of various insurance companies and allied organizations on this arrangement. *page 54*

as the president sees it

GROVER C. BOWLES
Strong Memorial Hospital, Rochester, N. Y.

During recent months I have done considerable reading in preparation for the presidency. Most of my reading has been confined to the self-improvement type of literature. You know, the type of book or article which unconditionally guarantees to make you an informed, suave diplomat overnight and without exhaustive effort on your part.

One book which I did enjoy and have found helpful is *The Technique of Getting Things Done*. This book is written by the famous psychologist husband and wife team, Donald and Eleanor Laird, and briefly tells how many of the world's great leaders got things done. Chapter 5 headed, "Reading That Helps to Get Things Done," leaves me with the impression that one convenient way to be successful is to read the dictionary from cover to cover. If you do not find the dictionary fascinating reading I suggest the *Encyclopaedia Britannica* as a reasonable substitute. Chapter 17 of this fine text which is headed, "Get Someone Else to Do It," had particular appeal to me. The authors point out that people who get things done seldom try to do it all themselves and that one way to tell little men from big men is that the little men try to do it all themselves while big men get someone else to help them.

NEW COMMITTEES

Among the Special Committees established this year which I should like to bring to your attention is the Committee to Study the Role of the Pharmacist in the Small Hospital. This Committee, headed by Tom Foster, will attempt to determine the function of the pharmacist in hospitals of one hundred beds or less and will investigate the non-pharmaceutical duties which might logically be assigned to the pharmacist. I believe the work of this Committee will fill one of the unmet needs of the SOCIETY and is particularly important since over fifty-eight per cent of the hospitals in this country have a bed capacity of less than 100 beds. Pharmacists employed in hospitals of 100 beds or less are urged to write to Mr. Foster or to me telling us briefly about your pharmacy service and the non-pharmaceutical duties that you are now performing.

Another new committee this year is the Committee on International Hospital Pharmacy Activities. This Committee, with Don Francke as chairman, will coordinate the SOCIETY's activities on the international level. Information concerning the dates and places of international meetings, travel data, the role of the ASHP and other factual information may be obtained from this Committee. The Committee is currently interested in hearing from hospital pharmacists who plan to attend the meetings of the International Pharmaceutical Federation to be held in Paris in September of '53. Considerable interest has been shown in this meeting and some thought is being given to arranging a tour so that hospital pharmacists from this country might travel as a group. Now is the time to start thinking about that vacation abroad!

DECENNIAL FUND

I am happy to announce that the Decennial Fund will continue during the coming year. As you know, the generous contributions to this Fund made possible the printing of the SOCIETY's History and helped defray the costs of our highly successful Decennial Meeting. While a large number of individuals and affiliated groups have contributed to this Fund we believe that other members, after receiving the Decennial Issue of THE BULLETIN, will want to share in this cooperative effort. Send your contributions to Treasurer Sister Mary Florentine, Mount Carmel Hospital, Columbus, Ohio.

PROCEEDINGS ISSUE

To me, the September-October BULLETIN is the most important issue published during the year. This is THE BULLETIN in which the official proceedings of the SOCIETY, including the reports and recommendations of the officers and committees, are published. These reports reflect the achievements and reveal the shortcomings of our organization. As the SOCIETY continues to grow it becomes absolutely imperative that we maintain our democratic organization and spirit. This is possible only if we have an informed membership. I hope you will take time, not only to read, but to study these reports and to determine for yourself what gains have been made during the past twelve months and that you will send to me your suggestions and constructive criticisms during the coming year.

A.S.H.P. AFFILIATES

The INDIANA SOCIETY OF HOSPITAL PHARMACISTS has been accepted as an affiliated chapter of the ASHP. The second quarterly meeting was held in conjunction with the convention of the Indiana Pharmaceutical Association at French Lick, Ind. on Wednesday June 18, with President Allen Beck presiding. Plans were made to hold the fall meeting at Butler University in Indianapolis.

The MEMPHIS CHAPTER OF THE AMERICAN SOCIETY OF HOSPITAL PHARMACISTS has voted to change the name of the organization to the TENNESSEE SOCIETY OF HOSPITAL PHARMACISTS pending approval by the ASHP executive committee. New officers of the Memphis group are President William D. Upchurch, Methodist Hospital, Memphis; Vice-President Adele Stigler, Eye, Ear, Nose and Throat Hospital, Memphis; Secretary William Swafford, University of Tennessee School of Pharmacy, Memphis; and Treasurer Mary C. Massey, Baptist Memorial Hospital, Memphis.

The NORTHERN CALIFORNIA SOCIETY OF HOSPITAL PHARMACISTS met in conjunction with the annual convention of the Association of Western Hospitals in San Francisco, May 12 to 15. The program, under the direction of the section chairman, Francis R. Spinelli of Southern Pacific Hospital, included papers on purchasing by Jerome Yalon, University of California Hospital; and Betty Barry, Vallejo General Hospital, Vallejo. The guest speaker was Lieutenant Al Nicolini of the San Francisco Police Department who spoke on "Illicit Use of Narcotics." Sister Mary Junilla from Queen of Angels Hospital in Los Angeles, spoke on "A Challenge to Hospital Pharmacy," and Stephen Dean of the University of California Hospital discussed "Manufacturing Pharmaceuticals in A Small Hospital." A panel discussion on "Toxicology of Common Household Articles" concluded the program. The Northern California Society also sponsored an exhibit in connection with the Association of Western Hospitals' convention.

Eight new members were present for the June 10 meeting of the Northern California Society held at Alameda Hospital, Alameda, Calif. Discussions on the preparation of sterile solutions were led by Mr. Jerome Yalon of the University of California Hospital, San Francisco and Mr. Jack Heard from Children's Hospital in San Francisco.

The July 8 meeting was held at the Woodland Clinic in Stockton in conjunction with a meeting of the hospital pharmacists from that area. "Hospital Insurance Plans" as discussed by Mr. Philo Nelson, Managing Director of Hospital Service of California.

THE TEXAS SOCIETY OF HOSPITAL PHARMACISTS sponsored a program in conjunction with the annual convention of the Texas Hospital Association held in Houston on May 21. The program which was in charge of Sister M. Nathy, chief pharmacist at St. Joseph Infirmary, Houston, included "Five - Minute Glances at Hospital Pharmacy" by various representatives of the pharmaceutical specialties— educator, administrator, manufacturer's representative, retail pharmacist and hospital pharmacist.

The FLORIDA SOCIETY OF HOSPITAL PHARMACISTS held its annual meeting in conjunction with the Florida State Pharmaceutical Convention, May 19-21 at Miami Beach. In addition to the regular business sessions presided over by President Lewis Bevis, Dr. H. H. Sheldon, Dean of the Division of Research and Industry at the University of Miami, addressed the group on sub-tropical research of interest to pharmacists. Also present were representatives of the Florida State Pharmaceutical Association including Mr. R. Q. Richards, secretary, and Euless Watford, president; Dr. P. A. Foote, dean of the University of Florida College of Pharmacy; Mr. John Mac-

Cartney, Parke, Davis and Company; and Mr. Jack Bates, *Southeastern Drug Journal.*

Plans were made to work toward establishing a uniform hospital formulary to be used as a guide for the many new hospitals now in Florida. The next quarterly meeting of the Florida Society will be held in September in St. Petersburg and the bi-annual meeting in December at Daytona Beach.

The NORTHEASTERN NEW YORK SOCIETY OF HOSPITAL PHARMACISTS met at Albany Hospital, Albany, N. Y. on Saturday, May 24. A tour of the pharmacy department and the newly constructed wing of the hospital was conducted by the administrator, Dr. Thomas Hale, Jr.

Dr. Edward R. Evans of the University of Southern California was the principal speaker at the May 14 meeting of the SOUTHERN CALIFORNIA CHAPTER of the ASHP. The meeting was held at Huntington Memorial Hospital in Pasadena with Miss Mabel Poole, chief pharmacist, as hostess. Dr. Evans spoke on "ACTH and Cortisone" covering the background clinical work with the drug, as well as actual experience in therapy.

The June 11 meeting was held at Los Angeles County Hospital with Walter Hitzelberger, chief pharmacist, as host.

Members of the Southern California Chapter met at St. Vincent's Hospital in Los Angeles with Laura Taylor, chief pharmacist, as hostess. The speaker was Ian MacDonald, M.D. who discussed "Current Effort in Chemotherapy in Cancer," followed by a discussion period.

At a recent meeting of the ARIZONA SOCIETY OF HOSPITAL PHARMACISTS, the following resolution was passed and transmitted to the Arizona State Pharmaceutical Association:

Whereas, it has been brought to our attention that drugs and other medications are being dispensed from Doctor's offices, Clinics, and some Hospitals, improperly labelled (proper labelling is defined below), and

Whereas, improper labelling constitutes a hazard to public health, as well as being a breach of the Arizona State Pharmacy Act,

We, therefore, urge that the Arizona State Medical Association and the Arizona State Osteopathic Association, take proper action in correcting the above dangerous practice.

Proper labelling, for the purpose of explaining this resolution, shall consist of the following:

A label on a medication or drug dispensed shall contain the following:

1. Identification, i.e., either a prescription number or the full name of the drug.
2. Full, detailed, explicit directions for use, and not, "As directed."
3. Full name of person for whom medication is intended.
4. Name of person prescribing the medication.
5. Name of individual or firm dispensing the medication.
6. Date of dispensing.

Plans were outlined for a series of educational meetings and new officers elected.

At the May 15 meeting of the WESTERN PENNSYLVANIA SOCIETY OF HOSPITAL PHARMACISTS, films on the use of Tolserol and Pronestyl were shown.

THE PHILADELPHIA HOSPITAL PHARMACISTS' ASSOCIATION has recently affiliated with the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS. With more than 50 members, this new affiliate played an active role in the recent annual meeting of the ASHP in Philadelphia.

At a recent meeting of the MIDWEST ASSOCIATION OF SISTER PHARMACISTS, a resolution was passed concerning the Association's objection to hospital pharmacists infringing on the retail trade when such is not an emergency. New officers of the group were installed at the September meeting held in Rockford, Ill. Serving as president during the coming year will be Sister M. Hortensis, P.H.J.C., St. Elizabeth Hospital, Chicago.

In a summary of the year's activities of the Midwest Association, five meetings are reported, activity in special projects, a study of the work of the national Committee on Narcotic Regulations and an increase in membership from 21 to 36.

ASHP AFFILIATED CHAPTERS

A complete list of ASHP Affiliated Chapters and Officers appears on page 502 of this issue of THE BULLETIN. *Any changes should be forwarded to the secretary of the national organization.*

Sister Mary John, chief pharmacist at Mercy Hospital in Toledo and also a past treasurer of the ASHP, has been elected president of the TOLEDO SOCIETY OF HOSPITAL PHARMACISTS. Other officers are Rosalie Hoffman, vice-president; and Emma Stevens, secretary-treasurer.

Reports at recent meetings of the Toledo Society have been concerned with the pricing of drugs and a representative of the Toledo Hospital Council presented results of a survey which had been conducted in the local hospitals.

The NEW JERSEY SOCIETY OF HOSPITAL PHARMACISTS will hold its annual dinner dance at the Essex House in Newark on Saturday, October 4, 1952. There will be addresses by nationally prominent hospital pharmacists and a souvenir journal carrying short biographical sketches of every hospital pharmacist in New Jersey will be published.

Members of the New Jersey Society were guests of Miss Geraldine Stockert, chief pharmacist at Monmouth Memorial Hospital in Long Branch, for the May meeting.

The annual joint meeting of AKRON AREA SOCIETY OF HOSPITAL PHARMACISTS and the CLEVELAND SOCIETY was held at Children's Hospital in Akron on May 5 with Mrs. Mary Morgan, chief pharmacist, as hostess. Guests at the meeting included Edward Spease who had recently been chosen as recipient of the H.A.K. Whitney Award for 1952; and Don E. Francke, president of the A.Ph.A. Mr. Francke spoke on the International Federation meetings which were held in Rome in September, 1951, and urged members of the group to attend the 1952 meeting in Paris.

The CLEVELAND SOCIETY OF HOSPITAL PHARMACISTS held the annual dinner meeting at the Old Stage Coach Inn in Cleveland on May 28.

Fifty-two members and guests were present for the May 13 meeting of the HOSPITAL PHARMACISTS' ASSOCIATION OF GREATER ST. LOUIS. Business included appointment of new committees, reading of the new Constitution and By-Laws and discussion of the new Pharmacy Law in Missouri.

Included on the program was a talk by Dr. J. Gallagher of Lederle Laboratories who discussed recent developments in new drugs.

Officers of the Georgia Society—Left to right: Treasurer Heard Harris, Vice-President Mrs. Lillian Price, President Miss Johnnie Crotwell and Secretary Terry Nichols.

The GEORGIA SOCIETY OF HOSPITAL PHARMACISTS met in Macon on July 26 with fourteen members representing all sections of the state present.

Mr. Philip Van Italie, editor of *Pulse of Pharmacy,* was the speaker for the installation dinner of The CONNECTICUT SOCIETY OF HOSPITAL PHARMACISTS. Officers for 1952-1953 are President Edmund Singer, Norwalk Hospital, Norwalk; Vice-President Michael Zygun, William Backus Hospital, Norwich; Secretary Ruth Pully, Charlotte Hungerford Hospital, Torrington; and Treasurer Sister Maria Lucia, Hospital of St. Raphael, New Haven.

The OKLAHOMA SOCIETY OF HOSPITAL PHARMACISTS held a meeting in conjunction with the annual convention of the Oklahoma Pharmaceutical Association on April 16.

The NORTH CAROLINA SOCIETY OF HOSPITAL PHARMACISTS held the regular quarterly meeting on Saturday, July 19 at Cabarrus Memorial Hospital in Concord, N. C. with fifteen members present. During the business session, Mr. James Mitchener reported on the Toronto Institute and announcements were made concerning forthcoming meetings. An invitation was accepted from Mr. Ernest Rollins to hold the October meeting at the North Carolina Baptist Hospital in Winston-Salem.

The speaker for the meeting was Mr. W. J. Smith, secretary-treasurer of the North Carolina Pharmaceutical Association, who discussed the Durham-Humphrey Act followed by a discussion period.

The SOCIETY OF ALABAMA HOSPITAL PHARMACISTS has voted to affiliate with the ASHP.

NEWS ITEMS

Credit for Practical Experience Recommended

THE NATIONAL ASSOCIATION OF BOARDS OF PHARMACY passed the following resolution at its recent annual meeting in Philadelphia:

Whereas: Each year pharmacy graduates are being drafted into the military service of our government before they have completed the necessary practical experience for registration as pharmacists; and

Whereas: The quality and scope of pharmaceutical experience and practice obtained in the fixed or station hospitals of the military service closely approximates that obtained in civilian hospitals and/or retail drug stores; and

Whereas: Registration as a pharmacist is a requirement for commissioned status in the military services and drafted pharmacy graduates may be prevented from obtaining commissions because their experience in military service hospitals is not always fully credited and accepted by State Boards of Pharmacy; Therefore be it

Resolved: That the several State Boards of Pharmacy recognize, accept and credit the practical pharmaceutical experience gained by graduates in the fixed military service hospitals where such experience is certified to by the graduate and the registered pharmacist officer, to the fullest extent permitted by the state pharmacy laws; and be it further

Resolved; That the Secretary of the National Association of Boards of Pharmacy be authorized and instructed to continue correspondence with the Surgeons General of the Army, Navy and Air Force, in order to evolve a system of rating the quality and scope of practical pharmaceutical experience obtained in the hospitals of the Armed Forces for the information and guidance of the State Boards of Pharmacy.

1953 Institute

Announcement has been made that the 1953 Institute on Hospital Pharmacy will be held at Loyola University in Los Angeles, California, during the week of August 23. The meeting will again be sponsored by the American Hospital Association in cooperation with the AMERICAN SOCIETY OF HOSPITAL PHARMACISTS and the American Pharmaceutical Association. Grover C. Bowles, president of the ASHP, will head the Planning Committee, and Charles G. Towne will represent the local group in making arrangements. The Southern California Chapter of the ASHP will also be a cooperating organization. Further details in regard to the program will be made in a future issue of THE BULLETIN.

Nominated to A.Ph.A. Council

Two hospital pharmacists, Don E. Francke, chief pharmacist at University Hospital, Ann Arbor, and Walter M. Frazier, chief pharmacist at Springfield City Hospital, Springfield, Ohio, have been nominated to run for membership on the Council of the American Pharmaceutical Association. Both are nominated for three-year terms. Election will be by mail ballot to all active members of the A.Ph.A.

To International Congress

GROVER C. BOWLES, president of the SOCIETY, headed the delegation to the First International Congress of Hospital Pharmacists held in Basle, Switzerland, September 17-19. Other members of the ASHP delegation included: Mr. I. Thomas Reamer, past-president and chief pharmacist at Duke Hospital, Durham, N.C.; Mr. Claude Busick, chief pharmacist, St. Joseph's Hospital, Stockton, Calif., and a member of the Northern California Society; Miss Jean Whitmore, formerly pharmacist at Jackson Memorial Hospital, Miami, Fla.; and Miss Jacqueline Claus, pharmacist, The James Walker Memorial Hospital, Wilmington, N. C.

Dr. K. Steiger from Zurich, Switzerland was in charge of organizing the Congress and a complete report will be published in the forthcoming issue of THE BULLETIN.

A. A. A. S. Meets in St. Louis

The American Association for the Advancement of Science will meet in St. Louis, December 26-31. As usual, the Pharmacy Subsection of the Section on Medical Science has scheduled sessions on Monday and Tuesday, December 29 and 30, during which time outstanding papers from industry, from the schools of pharmacy and from pharmacists practicing in hospitals will be presented. All hospital pharmacists are cordially invited to attend, especially those in the St. Louis Area.

This year the Section plans, in addition to the formal papers, to conduct the following three symposiums of national interest:

1. "The Accreditation of Hospital Pharmacies and the Approval of Pharmacy Internship and Residency Programs." This will cover the part which should be played by the Commission on Accreditation of Hospitals, the schools, the organizations and the hospitals themselves.
2. "The Content of Hospital Pharmacy Courses in Schools of Pharmacy."

3. "Drug Therapy Agents of the Coming U.S.P. and N.F.

Nationally prominent individuals have been invited to participate in these discussions.

Graduate Program at Tennessee

The University of Tennessee School of Pharmacy will offer a graduate program leading to the degree of Master of Science in Hospital Pharmacy, beginning with the winter quarter in January. The program will be worked out in cooperation with local hospitals including John Gaston, Methodist and St. Joseph in Memphis.

Students will be required to complete 45 credit hours, including a thesis. The program can be completed in 12 months, and six applicants will be accepted for the beginning term. For further information write to Dr. R. L. Crowe, Dean, University of Tennessee School of Pharmacy.

A.H.A. Convention

With emphasis on future plans in hospital care, the American Hospital Association held its 54th annual convention in Philadelphia during the week of September 15. Discussions at the meeting centered around plans for an Institute on Hospital Affairs to be closely coordinated with A.H.A. activities. Work of the Proposed Institute would be centered in four main functional areas of activity—community planning, administrative practice, professional practice and architectural design. The objectives as outlined would be as follows:

1. To relieve hospitals individually of the financial and personnel strain of conducting studies in all aspects of hospital operation.

2. To eliminate duplication of research effort among hospitals by pooling the experience of all persons and groups interested in the improvement of patient care.

3. To supply the leadership and initiative necessary to stimulate new research.

4. To evaluate, interpret and report research in a form useful to all hospitals.

5. To provide educational opportunities for substantial numbers of people who manage hospitals.

6. To strengthen and improve the graduate course in hospital administration.

7. To provide a demonstration and testing center for curriculum planning of all university courses in hospital administration.

8. To increase and improve the number and quality of short courses for training those concerned with administration at all levels of hospital operation.

9. To encourage the transfer of training programs for the paramedical groups in the hospital from hospital-organized courses to the appropriate graduate, college, junior college, or high school level in the regular educational system.

Corticotropin

(ACTH)

Upjohn

The Upjohn Company in early June announced production of Cortisone Acetate, 25 mg. tablets.

Now we are announcing the availability of Corticotropin (ACTH).

Sterile Corticotropin (Upjohn) is available in two concentrations in vials containing 25 U.S.P. units and in vials containing 40 U.S.P. units.

Upjohn's extensive experience in the research and manufacture of adrenal cortical products has made it possible to provide the medical profession with *both* Cortisone and Corticotropin.

A contribution of **Upjohn**

KALAMAZOO, MICHIGAN

SOURCE... in metabolic medicine

With panel discussions making up a major portion of the meetings, subjects such as the Commission on Financing Hospital Care, the Joint Commission on Accreditation of Hospitals and the Commission on Study of Human Relations in Hospitals, were covered. Among the other subjects covered in general sessions were: Administrator-Government Board Relations; It Takes Everybody to Run a Hospital; Leadership in Administration; and Stretching Your Hospital Dollar.

President Truman spoke at a luncheon for Federal Hospital Executives during convention week. He praised the work of those employed in the nation's hospitals and outlined his program for better medical care for more people. He pointed out the changes made in medical care since early days and also emphasized the need for change.

The Division of Hospital Pharmacy in cooperation with the Philadelphia Hospital Pharmacists' Association sponsored an exhibit at the A.H.A. meeting. Emphasizing the role of the pharmacist on the Public Health Team, the exhibit portrays the work of the Association during the past century. Hospital pharmacists from the Philadelphia group were present during the week to answer questions and distribute literature to hospital administrators, pharmacists and other personnel.

Recordings at Meetings Available

Local affiliated chapters will be interested to note that tape recordings of parts of the ASHP Annual Meeting are available. Those interested in obtaining these for meetings may write to Mr. D. P. Withington, Wyeth, Inc., 1401 Walnut St., Philadelphia or to Miss Gloria Niemeyer, secretary of the ASHP.

Committee on Narcotic Regulations Meets

THE ASHP COMMITTEE ON NARCOTIC REGULATIONS, headed by Vernon O. Trygstad, met at the headquarters of the A.Ph.A. on August 5 to review the proposed changes in the Federal Narcotic Act in the light of comments received from individuals and affiliated chapters during the year. The complete report of the Committee appears in this issue of THE BULLETIN. Other members of the committee were Mr. Milton Skolaut, Mrs. Evelyn Carlin, and Arthur Dodds. Also meeting with the committee were George F. Archambault and Gloria Niemeyer.

Yalon Appointed Assistant Administrator

JEROME YALON, formerly chief pharmacist at the University of California Hospital in San Francisco, has been appointed assistant administrator at the same institution. Mr. Yalon is a past-president of the Northern California Society and has served on several committees in the national organization.

Contributors to the Decennial Fund

JULY 1 TO OCTOBER 1

President Bowles has announced that the Decennial Fund will be continued through 1952, offering every member an opportunity to participate. Contributions may be sent to the new treasurer, Sister Mary Florentine, Mt. Carmel Hospital, Columbus, Ohio.

The events made possible by establishment of this Fund—publication of the History, the foreign visitors at the ASHP Annual Meeting and the Decennial Banquet—all contribute to the advancement of the SOCIETY and of hospital pharmacy. We hope that the reports of the Meetings included in this issue of THE BULLETIN, which will reach all ASHP members, will serve as a reminder of ten years of service to the specialty of Your Profession.

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AFFILIATED CHAPTERS

Maryland Association of Hospital Pharmacists.